



INNOVATIVE
Outreach
PRACTICES REPORT

9TH EDITION
SPECIAL FEATURE: BEHAVIORAL HEALTH

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INTRODUCTION

Health Outreach Partners (HOP) is pleased to present its ninth annual *Innovative Outreach Practices Report*. When the first edition of the report was published in 2002, few national avenues existed for farmworker health programs to showcase their unique outreach efforts and to network with other outreach programs. The *Innovative Outreach Practices Report* has since created this much-needed medium for communication, collaboration, and information sharing. The report offers farmworker 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 programs just like yours.

This year HOP received a range of practices focused on addressing the behavioral health needs of farmworkers and other vulnerable populations. HOP is proud to feature these practices in this report, highlighting a cutting-edge trend in migrant health outreach.



What makes a practice innovative?

The practices featured in the 2010 *Innovative Outreach Practices Report* demonstrate how programs creatively deliver original and high-quality health outreach services to farmworkers. All practices highlighted meet at least one of the following broad criteria in an innovative way:

- Overcome barriers facing farmworkers
- Maximize resources in order to extend services to more farmworkers
- Partner with others in the community
- Engage and empower farmworkers in their health
- Collect and use data on farmworkers
- Reach out to an emerging farmworker population
- Address a new or rising issue among farmworkers

For instance, this year's report contains a practice from a program in Arizona that has established an extremely efficient system of providing services to farmworkers by capitalizing on existing partnerships with growers and contractors in order to bring services to the fields during the work day. By doing so, this program addresses both the increased fear of traveling to the health center due to immigration status, as well as the constant challenge that missing work creates for farmworkers.

Also featured in this report is a program in North Carolina which used focus group data collected from local farmworkers to implement three creative and culturally-responsive initiatives addressing the behavioral health needs of the farmworkers they serve. Through the use of farmworker feedback, this program is able to offer services that engage and empower farmworkers in addressing their mental health and wellness. These practices are just a sample of the 17 practices showcased in this report. We believe that you will find several that can be adapted to help tackle issues you face in your community.



Columbia Valley Community Health's outreach worker bringing toothbrushes to the orchard.

How do I use this report?

The innovative outreach practices featured in this report are presented in two sections, *Special Feature: Practices Addressing Behavioral Health* and *Innovative Outreach Practices At-Large*. The behavioral health section begins with an introduction, delineating why HOP decided to place a special emphasis on the topic in this year's report, followed by four innovative outreach practices in behavioral health service delivery. The *Innovative Outreach Practices At-Large* section includes 13 practices on a range of topics, many of which were nominees for the *Sister Cecilia B. Abhold Award*. Recipients of the award for 2009-10 are featured on pages 6-7.



An invitation to participate in Columbia Valley Community Health's free exercise classes for women.

In the back of the report, on page 28, you will find an index of specific topics addressed in this report, such as *Men's Health* or *Case Management*. This *Topical Index* is meant to help you search and easily identify practices that are most applicable to your organization's needs.

Although every outreach program is unique, the practices highlighted in this report can be adapted to meet the specific needs of your organization. Another key feature of the report is the collection of brief implementation tips (indicated with a lightbulb) that suggest how practices can be adapted or point out additional resources. Please contact HOP if you would like more detail or guidance to effectively implement or adapt featured practices.



Two communities of women join in a 3 mile health walk organized by Columbia Valley Community Health.

How can I learn about other innovative outreach practices?

In an effort to retain the innovative ideas we publish year after year, HOP maintains an electronic database available online at www.outreach-partners.org. The practices are indexed by category, similar to the *Topical Index* in this report. The database is updated annually once the report is published. Whenever you seek a fresh approach to outreach, visit our website for guidance and inspiration!

How can my organization be featured in this report?

HOP's goal is to promote effective outreach approaches among any and all organizations serving farmworkers. In addition to gathering ideas from this report, reflect on what makes your outreach program innovative and share your unique approaches, projects, and ideas with your outreach peers. You can submit your own innovative outreach practices for future editions of this report at www.outreach-partners.org.

How does HOP collect practices for the report?

The innovative outreach practices featured in this report were gathered through a national call for submissions and through HOP's work with outreach programs across the county.

Call for Submissions

Each year, HOP disseminates a call for submissions of innovative outreach practices to health outreach programs nationwide. The call for submissions is publicized through mailings, HOP's website, migrant health listservs, at Migrant Stream Forums, and by word-of-mouth.



A Columbia Valley Community Health *promotora* sings at a migrant health fair with help from a Mariachi group.

HOP's Work in the Field

Through one-on-one training and consultation services, HOP has the unique opportunity to witness firsthand the innovative outreach practices that programs employ throughout the year. HOP regularly encourages the leaders of outreach programs to share their knowledge and experience by submitting a practice for inclusion in future editions of the report.

SISTER CECILIA B. ABHOLD AWARD 2009-10 RECIPIENTS

**Appalachian Regional Healthcare System
Kansas Statewide Farmworker Health Program
Community Health Centers of the Central Coast, Inc.**

About the Sister Cecilia B. Abhold Award

Sister Cecilia B. Abhold was the founding Executive Director of HOP, then the East Coast Migrant Health Project. During her 20-year leadership, Sr. Cecilia pioneered and advocated for farmworker outreach before it became a popular public health prevention model. In her honor, HOP presents the *Sister Cecilia B. Abhold Award* to a Migrant and Community Health Center or Migrant Voucher Program in each migrant stream that demonstrates innovation in health outreach services to migrant and seasonal farmworkers.

Nominations for the award are based on the submission of innovative outreach practices by 330(g)-funded organizations. An award panel consisting of past award recipients and HOP staff review nominations based on HOP's criteria and select one recipient from each migrant stream. The recipient of the award in each stream is announced and presented with the award before their peers annually at the corresponding Migrant Stream Forum.

Though organizations representing each stream are selected and honored with the *Sister Cecilia B. Abhold Award* annually, HOP receives many nominations for excellent programs with innovative practices. Many of these innovative outreach practices are featured throughout this report.

To learn more about the *Sister Cecilia B. Abhold Award*, please visit www.outreach-partners.org.



Eastern Stream

**Appalachian Regional
Healthcare System**
*Addressing Behavioral Health Needs
through Alternative Therapies*
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Midwest Stream

**Kansas Statewide Farmworker
Health Program**
*Identifying and Serving
a Changing Farmworker
Population*
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Western Stream

**Community Health Centers
of the Central Coast, Inc.**
Cine Comunitario
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SPECIAL FEATURE: PRACTICES ADDRESSING BEHAVIORAL HEALTH

Health Outreach Partners (HOP) has witnessed a growing trend over the past several years in the submission of innovative practices which focus on providing emotional support and increasing access to behavioral health services for migrant and seasonal farmworkers. This may be due to the growing awareness of the difficulties faced by farmworkers and the subsequent impact of stress on the physical health of the farmworker community as a whole. More and more programs are focusing on the mental health needs of farmworkers and their families and the best ways to meet those needs within their specific context.

In HOP's 2010 report, *Breaking Down the Barriers: A National Needs Assessment on Farmworker Health Outreach*, qualitative data from farmworker-serving organizations revealed a growing concern for the behavioral health needs of the nation's farmworkers. Specifically, participants noted that farmworkers are often confronted with racism,

discrimination, difficult work situations, separation from family, and fear of deportation. These stressors contribute to depression, anxiety, and substance abuse. Notably, alcohol and substance abuse was found to be the fourth top health issue among farmworkers and their families.



Steve Davis, Greene County Health Care's Farmworker Resource Director, being handed some herbs by Genoveva, a traditional healer.

As the behavioral health needs of farmworkers begin to take priority among health organizations, outreach programs are responding by facilitating access to behavioral

health services and providing additional support to farmworker communities. In this year's report, HOP is proud to highlight unique, creative, and innovative approaches that health outreach programs across the country are taking to address farmworker behavioral health needs. In the pages to come you will see how several programs have implemented culturally-appropriate initiatives to improve the mental health and wellness of the farmworkers they serve.

CINE COMUNITARIO

COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST, INC.

Western Migrant Stream Sister Cecilia B. Abhold Award Recipient

Grover Beach, California

Community Health Centers of Central Coast, Inc. (CHCCC) developed the *Cine Comunitario*, a community film project to promote emotional health among the farmworkers in Santa Maria Valley, CA. *Cine Comunitario* is modeled after life on ranches and in communities where televisions were not always accessible. In these instances, televisions were powered by truck batteries and available for all the community to watch. In order to simulate this experience, CHCCC projects documentary films onto a wall of a parking structure in the middle of farmworker and other low-income neighborhoods. Stories regarding communities in different parts of Mexico resisting and uniting to create positive social change are shown. Farmworkers and their families are provided healthy snacks and offered an open microphone; they are encouraged to share their own experience and emotional response to the films.

As part of the *Cine Comunitario* project, CHCCC collaborates with FUCION (Federación Unida de Comunidades Indígenas Oaxaqueñas Nacional) and Natalia Bautista, a community organizer, to provide outreach to more segregated indigenous farmworker communities. Between 30 and 40 families watch films regarding current events in their communities of origin.

This is an important opportunity for many farmworkers as little to no culturally-competent assistance or mental health services are available to these farmworker communities. *Cine Comunitario* can be used as a tool for education and outreach while offering a way to connect. This practice relays the message that there are professionals that understand culture shock, respect traditions, and want to help improve the emotional health and wellness of the farmworkers in the community.



Families watch horrific actions in a documentary about the Teacher's Strike in Oaxaca.



HOP TIP: Consider adapting this approach to help address a variety of different health issues specific to your community, like occupational health and chronic disease management. “*La Flor del Sin Nombre*” is a *telenovela* searchable on www.youtube.com which addresses nutrition issues in the Latino community.

ADDRESSING BEHAVIORAL HEALTH NEEDS THROUGH ALTERNATIVE THERAPIES

APPALACHIAN REGIONAL HEALTHCARE SYSTEM

Eastern Migrant Stream Sister Cecilia B. Abhold Award Recipient

Boone, North Carolina

The Farmworker Health Program of Appalachian Regional Healthcare System (ARHS) is a small voucher-funded outreach program based in the Appalachian Mountains. ARHS believes it is essential to include mental health outreach as part of a comprehensive health model. To gain a better understanding, ARHS staff conducted focus groups in 2006 about perceptions around mental health. Workers reported that traditional talk therapy is not popular within their culture and that they would prefer group-based therapies.

Since group-based models offer a more culturally acceptable, accessible, and cost-effective way to address some of the more mild mental health issues, ARHS began collaborating with local university students to explore various group-based therapies in 2007. As a result, the following three initiatives were implemented with much success.

Mental Health and Alcohol Abuse Group Education

The curriculum, designed in 2008 by a graduate student in counseling to be implemented by community health workers, includes group activities, as well as open-ended and directed conversation among the male workers on the emotional difficulties of migration. As part of the project, the workers used disposable cameras to document their daily lives, with the understanding that the photos would be used for discussions, art activities, or for sharing their experiences with family in Mexico. The initial response by workers has been positive and the curriculum is now available to other outreach sites in the state.



Farmworkers participating in a music therapy session at their camp near Boone, NC.

Participant-Guided and Culturally-Appropriate Music Therapy

Workers participate in weekly group guitar lessons learning popular songs from home. The therapist uses the lyrics of these songs to discuss emotions related to migration. Through music, the men are able to express their emotions without the stigma of talk therapy. Some workers write their own lyrics about difficult events or their day-to-day struggles. The lessons have been very popular. Workers learn a new skill, increase cohesion with their peers, and connect to their home culture through music.

Cultural Exchange Program

Groups of students from the local university visit a camp regularly during a semester to provide ESL classes, using a curriculum developed specifically for farmworkers. Farmworkers are encouraged to share Spanish-language lessons with the students. As they get to know each others' interests, both groups develop new discussions and share additional cultural activities (e.g. cooking dinner for one another). Participants report enjoying the exchange and learning about each others' lives.



Chelly Richards, Outreach Worker, screening blood sugars at a Hispanic soccer league event.



Two farmworkers playing music as a form of alternative therapy.



HOP TIP: With permission, consider creating a photo album to help educate new staff members about the lives of the farmworkers in your area.

COLLABORATION WITH AN ALTERNATIVE HEALER

GREENE COUNTY HEALTH CARE, INC.
Snow Hill, North Carolina

Greene County Health Care, Inc. (GCHC) has seen a growing need for mental health services for farmworkers in North Carolina. In order to help address this growing need, GCHC has been working closely with a *curandera*, or traditional healer. Before working with her, GCHC had heard about her repeatedly during health assessments with the farmworkers. She is a well-known and trusted healer that has lived in the area for more than 15 years. She provides a number of services, such as curing *mal de ojo*, *empacho*, *susto*, and the most popular, performing *limpias*.

GCHC has developed strong ties with the *curandera*, including establishing an apprenticeship with her for GCHC's Farmworker Resource Director which is currently in its fifth year. As part of the apprenticeship GCHC developed a referral system for patients. This system has proven mutually beneficial, as many farmworker patients know her or utilize her services, particularly for mental health issues. Often farmworkers come to GCHC to address physical needs, while addressing the mental aspects of their illnesses with the *curandera*. At times GCHC has provided transportation to both the clinics and to the *curandera* for treatment and support.



Curandera Genoveva in her home.

The *curandera* offers an invaluable service that compliments the clinic services provided by GCHC. Many farmworkers in GCHC's service area come from very rural parts of Mexico, where a *curandero/a* is often the primary means of meeting health needs. As such, this is not just another option for patients, but a culturally-appropriate way of receiving the health care they were familiar with in their country of origin. Due to this collaboration, the *curandera* is quick to refer patients to GCHC clinics when she knows they will benefit more from the addition of Western medicine in the healing process.

INCREASING ACCESS TO MENTAL HEALTH SERVICES THROUGH UNIVERSITY COLLABORATION

GREENE COUNTY HEALTH CARE, INC.
Snow Hill, North Carolina

In January 2009, the outreach team of Greene County Health Care, Inc., (GCHC) partnered with the Marriage and Family Therapist program at East Carolina University and began taking family therapists to farmworker camps. GCHC takes three therapists to the camps twice a week to provide individual and group therapy. The therapists address many issues, including isolation, depression, domestic violence, and substance abuse. GCHC also has two *promotoras* working closely on the project who give referrals and help to manage follow-up care with the patients. The community health workers have been trained and participate in regular meetings throughout the year between GCHC staff and the family therapists.

During the pilot phase, the therapists found that some farmworkers desired more privacy than they can get in the camps. In order to address this issue, GCHC has one therapist who works out of a satellite clinic and can see farmworkers as late as 10:30 p.m. On those nights, one member of the outreach team interprets for her, while the other transports the patients to and from the clinic. In addition, all of the therapists have clinical hours during regular business hours, making needed follow up much easier.

Providing mental health services has been very beneficial to the farmworker patients for a number of reasons. In particular, going out to the camps at a time convenient for the families breaks down many barriers to care. In addition, GCHC provides mental health services in a familiar location and in their native language. The work of the therapists, along with the complementary clinical services, helps address many barriers to care and enables GCHC to provide the best overall care possible.



Steve Davis, Farmworker Resources Director, with a group of H-2A workers that he has been working with for over 13 years.

INNOVATIVE OUTREACH PRACTICES AT-LARGE



Clinica Sierra Vista's clinical outreach efforts during National Health Center Week.

EXPLORING LINKS BETWEEN MIGRANT RECEIVING & SENDING COMMUNITIES

APPALACHIAN REGIONAL HEALTHCARE SYSTEM
Boone, North Carolina

Appalachian Regional Healthcare System Farmworker Health Program (ARHS) has a commitment to improve the health and wellbeing of farmworkers who migrate between Mexico and Northwestern North Carolina. The predominant sending community for ARHS patients is Michoacán, Mexico, a region with strong ties to its indigenous past (Purépecha) and vibrant arts and crafts traditions. Over the years, ARHS's outreach staff have developed strong relationships with many of these farmworkers. After multiple invitations to visit, ARHS accepted the gracious offer. Goals of the trip included meeting family members, strengthening relationships with workers, becoming familiar with the region and its sources of healthcare, and laying the groundwork for future collaboration between the two communities. Accompanied by a professional photographer, ARHS outreach staff traveled to Michoacán for two weeks in December of 2008.

ARHS staff were hosted by a farmworker and his family in the town of Paracho. Staff visited nine other farmworker families at their homes in surrounding villages. ARHS staff participated in seasonal festivities, a *quinceañera*, and an indigenous wedding. While the trip centered on interaction with the families, staff met with state migration and health officials in the capital city of Morelia, met the mayor of Paracho, and toured clinics and a regional hospital where migrant workers receive healthcare and health education.

As a result of this trip, ARHS has initiated longer-term projects to address the global context of migrant health within the two communities, including collaborating with Appalachian State University to bring a delegation of representatives from Michoacán to Boone, exploring the possibility of undergraduate and nursing student exchange programs, and promoting handicrafts from farmworkers and their families with the local community. In addition to the new projects, the photos taken on the trip proved useful in educating the community about local farmworkers.



Allison Lipscomb, Program Director, and Chelly Richards, Outreach Worker, visiting migrant farmworker, Juan Rodriguez, and meeting his family in Michoacán, Mexico.

HIV TESTING DURING SOCCER TOURNAMENT DOWNTIME

BLUEGRASS COMMUNITY HEALTH CENTER
Lexington, Kentucky

Bluegrass Community Health Center (BCHC) organized a mini soccer tournament combined with a health fair, called “Kick-Start Your Health.” Outreach workers generally have a hard time recruiting young, male farmworkers for preventative and early detection screenings. By combining public health with popular recreation, BCHC created an outreach activity that encourages a healthy lifestyle with regular exercise and HIV prevention and testing.

The focus of “Kick-Start Your Health” was on HIV testing and education for young men working on area farms. BCHC outreach workers organized teams from several outlying counties and invited the community. A special emphasis was placed on family attendance to the event where children’s games and food were provided. The soccer players and their families were able to take advantage of the services offered while waiting between games. With only two teams allowed to play at a time, members of other teams used the downtime to get tested for HIV or stop by other health screening and education booths.

Through a partnership with The Hope Center, on-site rapid HIV testing was available in a private, mobile testing unit. Booths for health topics were set up in a public park pavilion; healthy snacks and water bottles were distributed. The HIV booth offered prevention education and brown bags with condoms and sexual-health information.



The winning team of the tournament with their children.

In addition, BCHC offered free blood pressure and blood sugar screenings. Referrals were provided to those with positive or abnormal screening results. BCHC now plans to repeat it annually because of the event’s success, with 300 attendees. This successful practice enabled outreach workers and health care providers a way to reach an often remote population.



HOP TIP: Always keep it confidential! Even though this event took place in the community, organizers did not neglect personal privacy and were sensitive to taboos associated with HIV/AIDS.

TAKING IT TO THE FIELDS: MAXIMIZING IMPACT

CHIRICAHUA COMMUNITY HEALTH CENTERS, INC.
Douglas, Arizona

Chiricahua Community Health Centers, Inc. has a large service area in southeastern Arizona with a very low population density. With a large, rural service area that stretches along the U.S./Mexico border, there are a unique set of circumstances to overcome in order to successfully serve the migrant and seasonal workers in the area. Workers are fearful of traveling into the health center because of immigration checkpoints and long distances between the clinics.

Another consideration is that many of the workers work at a piece rate, meaning that when they are away from the field, even for a short period of time, they are not earning money. In response to these barriers, the outreach team sets up shop in the fields. They often wait at the end of a chili row so that the workers can receive over-the-counter medications, blood pressure checks, blood sugar checks, and immunizations. For this practice to work, the team has had to enlist the help of both the growers and contractors. The growers have allowed Chiricahua's outreach team, consisting of a registered nurse and two *promotoras*, into the fields. The contractors provide information like arrival times, updates on crop status, and projected timelines for completing the harvest.

In order to return workers to the fields in only a matter of minutes, this clinical outreach system includes pre-packaged over-the-counter meds, checking blood pressures and blood sugars from the outreach vehicle, and making appointments for follow-up care. The educational component of the program includes inserting small cards into packets with information on diabetes, hypertension, domestic violence, pesticides and alcoholism. These topics were identified as some of the major health issues affecting local farmworkers. This unique system allows 100-150 workers to be seen in a relatively short period of time.



Lorena Sonke and Alfredo Perez, Outreach Workers, amongst farmworkers at a vineyard in Southeast Arizona.

EXERCISE CLASSES FOR LATINA WOMEN

COLUMBIA VALLEY COMMUNITY HEALTH
Wenatchee, Washington

In order to address the need for increased physical activity among the farmworker community, Columbia Valley Community Health (CVCH) provides free, six-week exercise classes to Latinas during the fall and winter. These weekly, 90-minute classes include stretching, aerobics, and meditation. Participants also spend 10-15 minutes per class discussing exercise, nutrition, vitamins, depression, and other topics to help eliminate barriers to self-care. Women are encouraged to bring their children or provided childcare in order to reduce attendance barriers.

Classes range from 15-30 participants and occur off-site in a local community center. One community partner for this project is the YMCA, which offers free 6-month memberships to participants completing the exercise course. Those who want to continue their membership after six months are encouraged to apply for a scholarship. Generally the last class in the series is held at the YMCA in order to familiarize participants with the facilities and reduce their fear of the unknown. While some participants continue to attend each series of classes, many transition into a physical activity routine at the YMCA after having learned why and how to exercise.



Participants using water bottles as weights in the women's exercise class.

CVCH's outreach team writes a newspaper column that highlights exercise and other health topics discussed in the sessions. Another outreach marketing method includes participating in the local radio station morning show to promote classes and encourage listeners to exercise or develop self-management tools on their own. In addition, these venues are used to promote the Spring Women's Health Walk, a follow-up event which invites all past program attendees to participate.



HOP TIP: Find out about resources, including fee schedules and scholarships available in your community through organizations like your local YMCA. For more information, visit <http://www.ymca.net>.

IDENTIFYING & SERVING A CHANGING FARMWORKER POPULATION

KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM

Midwest Migrant Stream Sister Cecilia B. Abhold Award Recipient
Topeka, KS

In the late 1990s, the Kansas Statewide Farmworker Health Program (KSFHP) experienced the influx of a new linguistic and cultural population, Low German-speaking Mennonites from Mexico. This group represents 42% of the 3,986 total farmworkers served in 2008. To learn more about this group and Kansas' general farmworker population, KSFHP conducted a health needs survey in 2003 which identified significant health needs and disparities in routine care, oral health, family planning, and behavioral health. To collect information on the Mennonites in particular, KSFHP hired three part-time Low German/English speaking and culturally-competent health promoters. As a result of their work, KSFHP received a medical expansion grant in 2004.

KSFHP is now a trilingual program (English, Spanish, and Low German). Outreach staff include four regional case managers and six part-time health promoters who are all critical in identifying farmworkers, screening for health needs, providing referrals, and follow up. Core outreach staff also organize annual focus groups throughout the state to update their needs assessment and evaluate KSFHP services. 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 staff utilize special protocols for pregnant clients and clients with diabetes, matching them with a case manager who speaks their language and provides support while they are in Kansas. Due to a lack of health information available in Low German, KSFHP staff also developed *Harvest of Health*, an audiovisual health book available in all three languages that addresses topics such as nutrition, depression, alcoholism, smoking, family planning, immigration, preventative services, and farm safety. Additionally, an annual health promotion calendar is designed using words and pictures to encourage healthy choices. These 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.



Focus group for clients in Washington County in North Central Kansas.

INFÓRMATE TEEN HEALTH AIDE PROGRAM

MIGRANT HEALTH PROMOTION

Saline, Michigan

Migrant Health Promotion's *Infórmate* Teen Health Aide Program provides peer-based health education to adolescent migrant and seasonal farmworkers. The *Infórmate* program teaches Teen Health Aides to use popular education methods and mediums, such as theater, games, and interactive activities, to advocate for and educate their peers on various community and health-related topics. Topics include HIV/AIDS prevention, domestic violence, substance abuse, occupational health, self-esteem, and youth leadership.

The *Infórmate* program is unique in that it adapts the *promotor(a)* or model of health education and outreach and applies it to teens and young adults. The program provides them with economic and social support and gives them confidence to go out into their community and become active peer educators and health advocates. To engage their peers and community, Teen Health Aides employ any number of methods, such as performing skits for their peers on health-related topics that accurately portray teen health issues, along with messages about prevention and well-being. They also produce *fotonovelas*, or comic strips, that communicate easy-to-understand health education messages through pictures with dialogue captions. Both the program and methods were developed to be culturally competent and age appropriate in order to reach farmworker adolescents and young adults.



Teen Health Aides engaging in team-building activities.

The *Infórmate* program reached over 250 teens during the 2009 season with programs implemented in two different sites in Michigan. Each site has four Teen Health Aides who go through a comprehensive selection process and training program. For Teen Health Aides, the *Infórmate* program provides health education and teaches them to be health advocates and active leaders within their community. They also receive social support which builds strength and self-esteem. For the teens and young adults reached by Teen Health Aides, the program provides accurate health education, information, and referrals in a fun and interactive manner.



HOP TIP: Migrant Health Promotion provides assembly instructions, a flipchart, an implementation guide, and a manual for the *Infórmate* program on their website, <http://migranthealth.org>.

DUAL TB & SKIN CANCER SCREENINGS

MOBILE COUNTY HEALTH DEPARTMENT, SEMMES CLINIC
Semmes, Alabama

La Clinica de Semmes, part of the Mobile County Health Department, has a multi-faceted approach to migrant farmworker health and safety. Its effort focuses on prevention of known physical health issues which, if untreated, can become deadly. Because farmworkers spend up to 10 hours per day in the sun during the harvest season, excessive sun exposure can cause sunburns resulting in serious skin damage, cancer, heat exhaustion, or heat stroke. Another health issue common among migrant farmworkers is the threat of tuberculosis (TB), which is highly contagious and requires early detection for proper treatment.

To confront these health threats for which early detection is key, Semmes developed a dual TB/Skin Cancer screening methodology to identify these devastating diseases, provide health education, and offer tools and tips for prevention. An Outreach Specialist, accompanied by a Registered Nurse and Physician's Assistant, go to worksites during harvest season. While the clinical staff administer the TB test and screened workers for dangerous spots related to sun exposure, the Outreach Specialist provides health education information and resources in Spanish. Workers are encouraged to wear long sleeves and visit the clinic if they have any potentially-cancerous moles. Workers are told that they will be given a gift when the team returns a few days later. When they return to the worksite, the provider confidentially gives the TB test results, while the outreach specialist distributes bottles of sunblock. Any positive results are immediately referred to the public health department's Tuberculosis program for additional testing and treatment.



Irma Reyes, Outreach Specialist, distributing sunblock to farmworkers.

This collaborative project was spearheaded by Semmes' outreach team, while materials and donations were provided by a local Hospital and the United Methodist Church. With this support, Semmes was able to purchase bottles of sunscreen at a discount from Wal-Mart.



HOP TIP: When approaching local donors it helps to bring information about your program, program intent and outcomes, as well as talking points. Also, it's a good idea to bring another community partner along with you; it's much harder to turn down two people than one!

ELECTRONIC HEALTH RECORDS EASE OUTREACH & CLINICAL CARE

MIGRANT HEALTH SERVICE, INC.
Moorhead, Minnesota

Migrant Health Service, Inc. (MHSI) has implemented electronic health record and practice management system throughout all of its clinics, including the mobile units. Along with others in its network of rural Community Health Centers, MHSI saw the need for easier registration and medical record access in order to provide better care to patients. As outreach workers would find and register pockets of workers, it was often difficult to locate their medical records. Also, as this extremely mobile migrant population moved to find work in different areas, their charts were often at a different location than where they needed services, resulting in a delay of care until the necessary information was received.

Now MHSI's electronic health records and practice management system, which handles day-to-day medical operations, allow all information to be available at the fingertips of outreach workers and clinicians. The latest registration updates, alerts, and demographics are available in real time, regardless of where the patient was registered. The same holds true for medical information, such as patient lab results, medical problems, medication lists, and when the patient is due for screenings. The electronic health record system also alerts providers to possible drug interactions, serving as an additional safety measure. As patients leave MHSI's service area for their home base, they are given a print out of their chart summary to give to their home-base providers for continuity of care.



Staff doing a blood pressure check.

Aside from clinical benefits, this system has eased case management tremendously. Charts and graphs of patient information are available to use as teaching tools and case notes and flags can be utilized to ease staff communication. The system is also loaded with patient educational handouts, most of which are bilingual. The handouts can be printed by a couple of clicks and are customizable. All of these factors allow patients to get care in a more timely fashion, no matter where they go.

CAMP FLU SCREENINGS

SOUTHERN JERSEY FAMILY MEDICAL CENTER
Hammonton, New Jersey

In 2009, South Jersey Family Medical Center (SJFMC) noticed there were camps showing over 20 persons with flu-like symptoms each. In response, developed a screening form and procedure for outreach staff to screen farmworkers at the camps. It was logistically difficult and risky to transport all sick individuals into the health center on the same day. Therefore, SJFMC senior clinical management developed a screening form and procedure for outreach staff to go out to the camps and determine which patients needed to go to the emergency room, health center, or just remain in the camp, resting and drinking plenty of liquids.

Outreach staff went to the camps to take temperatures and pulses and ask screening questions regarding symptoms and underlying health issues that would determine if farmworkers were high-risk. If help was needed in triaging to the emergency room or health center, a medical professional was available by phone. Outreach staff also educated farmworkers on preventative measures to reduce the spread of flu and aid recovery. In addition, the outreach team spoke to farm supervisors about the importance of modifying sleeping arrangements if necessary, and reducing the work of those who were sick so they could recover. Staff always took precautionary measures by remaining outside, wearing masks, and using hand sanitizers.

Once in the center, SJFMC administered the rapid Influenza A test and some positive cases were identified. SJFMC also worked closely with all county health departments and called upon programs like the National Center for Farmworker Health's Call for Health to obtain prescriptions for farmworkers if needed. In addition, SJFMC developed an educational hotline for those with questions, developed an over-the-phone triage for anyone who called into the health center with flu-like symptoms, and directed those with flu-like symptoms to a special entrance that allowed for speedy walk-in service.



Outreach Specialist providing health screenings to farmworkers with the Mobile Van.



HOP TIP: The Centers for Disease Control provides a variety of free seasonal flu and H1N1 resources at <http://www.cdc.gov/flu/freeresources/>.

PROGRAM DEVELOPMENT INVOLVING COMMUNITY PARTNERS

SOUTHEAST ALABAMA RURAL HEALTH ASSOCIATES
Troy, Alabama

As a new farmworker health outreach program, Slocomb Family Health Center of Southeast Alabama Rural Health Associates (SARHA) knew that it could only thrive with the backing of local community leaders. Therefore, prior to pursuing a large outreach funding opportunity, they organized a series of informal meetings to garner support and determine the needs of the community. Representatives attended from faith-based organizations, the agricultural extension office, elected offices, employment agencies, migrant education offices, media resources, and more. At the meetings, SARHA presented its vision, the reasoning for funding a health outreach program, and offered the opportunity for community leaders to influence and structure the program.

SARHA realized that these community leaders, especially the faith-based organizations, could help propel and guide their health outreach program because many had already established invaluable trust and rapport with the farmworker community. After attending the meetings, the community leaders understood the potential benefits and were quick to advocate for outreach. With knowledge gained in the meetings, SARHA was able to tailor aspects of the outreach program to fit both the needs of their collaborating partners and the needs of farmworkers as described by their partners, such as pesticide exposure education and the value of routine health screenings.



John Little, CEO, Rafael Carcache, Case Manager, and Melissa Bradford, Director Of Planning & Development, at the 2009 Eastern Migrant Stream Forum in Atlanta. Rafael was awarded the *Steve Shore Catalyst in Farmworker Health Award*.

With the information gathered at the meetings, SARHA was able to write an accurate grant request which took the needs of the community into account. Community leaders contributed by writing letters of support. The result was a grant award which has provided tremendous support to the program.

Following the meetings, contacts have been maintained through regular visits, phone calls, and solicitation of feedback from community partners on programs and areas for improvement. In addition to the meetings, presentations are regularly given at community meetings, Parent Teacher Association meetings, and at events by community partners. Many of these activities and interactions occur during the off season, when the Outreach Coordinator has sufficient time.

TOGETHER! TOBACCO AWARENESS PROGRAM

COLUMBIA VALLEY COMMUNITY HEALTH
Wenatchee, Washington

Columbia Valley Community Health's (CVCH) outreach program is using popular education methods to address increasing tobacco use among the Latino community. Results of media literacy research conducted by California State University on the effects of transnational tobacco advertizing on migrant farmworkers suggest this population has specific needs for basic media literacy skills regarding tobacco use. Smoking rates continue to rise among the latino population in direct relation to the length of time individuals live in the U.S. In addition, poverty-related risk factors, assimilation, disparities in health insurance coverage, and media literacy are some well known contributors to higher tobacco-use rates.

In response to this, CVCH partners with Together! For Drug Free Youth to provide media literacy education to the Washington State Promotores Network, high school students and parents, farmworkers, and other community members. The *promotores de salud* are given direction on how to duplicate these methods in order to inform farmworker populations. Using new, culturally-explicit advertisements in magazines, newspapers, tv-video, and the internet, presentations help attendees disassemble the ads. Through this process, participants learn how industries, especially tobacco, successfully manipulate media and target Latino communities through advertising and promotional campaigns designed to exploit their unique vulnerabilities.

The presentations teach how media influences behavior, how to deconstruct media marketing directed at Latinos, and provide take-aways on topics such as activism and counter ads. Teaching points are shared with participants so they can give the presentation themselves. The Together! program has raised tobacco awareness among the most vulnerable population in CVCH's community, those who have the least health access when tobacco-related illness develop.



Migrant health fair, Fruit and Vegetable Walk.



HOP TIP: For more information on media literacy education, including accessing educational resources, visit the Center for Media Literacy at <http://www.medialit.org>.

EL JARDÍN DE LOS NIÑOS RADIO PROGRAM

KDNA RADIO

Granger, Washington

KDNA is licensed under Northwest Communities' Education Center. It started in 1979 to provide a service to a community not served by other medias. One of its most successful programs is a children's program called *El Jardín de los Niños* (the Children's Garden), which airs from 9:00 to 10:00 am, Monday through Friday, on Spanish-language public radio KDNA.

El Jardín de los Niños is a daily, one-hour Spanish language children's program which has been airing for the past twenty-nine years. The producer, Mr. Ezequiel M. Ramirez, portrays a 92-year old grandfather, warmly referred to as *El Viejito*, or the wise old man. *El Viejito* plays popular Spanish children's songs and imparts *consejos*, or advice, to children and their parents. *El Jardín de los Niños* also features storytelling on Wednesdays and Fridays by co-producer Teodora Martinez-Chaves, better known to listeners as *Tía Dora*. An important feature of the program is its open-line concept which allows children and their families to call in and participate with their opinions and to request a song or a fairy tale.

Besides being entertaining, *El Jardín de los Niños* provides education and information to enhance child development. By focusing on child development, parents can be assured that their children will receive the necessary preparation to lead rewarding adult lives. The program's target audience is children of farmworkers as well as young parents and grandparents. In addition to farmworker families, the show reaches other low-income individuals, as well as children who may not be bilingual but want to learn Spanish. The program covers topics like child abuse, pesticide exposure to children, gang and drug prevention, and the importance of education. *El Jardín de los Niños* strives to inform and educate children at an early age in order to help guide them through life's challenges.



Children participating in *El Jardín de los Niños* show in KDNA's studio.



HOP TIP: Collaborating with media is a great way to get the word out about disease prevention as well as the services you offer. Ask farmworkers in your area which radio stations they listen to or visit <http://www.radio-locator.com>.

AGRI-SAFE PROGRAM

COMMWELL HEALTH (FORMERLY TRI-COUNTY COMMUNITY HEALTH CENTERS)
Newton Grove, North Carolina

Like other small businesses, many farms face difficulty in providing health insurance to workers and even owners. North Carolina did not have any programs to provide comprehensive agricultural occupational health and safety services in conjunction with primary care to growers, their families, and their employees. To address this, the North Carolina Agromedicine Institute, in partnership with CommWell Health, created AgriSafe. This collaborative-care model addresses the physical, mental, and occupational health of Eastern North Carolina's uninsured farm operators, laborers, and dependents through the provision of clinical and preventive services.

AgriSafe-North Carolina partners extensively with CommWell's farmworker outreach program to provide preventative care and occupational health education in convenient locations, such as the farm locations, the Cooperative Extension office, commodity meetings, and at local community festivals and eateries. The AgriSafe staff includes a Family Nurse Practitioner and a Certified AgriSafe Provider. Services include respiratory, vision, hearing, skin, prostate, breast, blood pressure, and blood glucose screenings. Staff are also specially trained in Personal Protective Equipment and can offer respirators, safety glasses, hearing protection, and chemical resistant clothing to prevent injury and illness when using dangerous equipment or pesticides. In addition, staff can help to identify resources for affordable dental care, medications, diabetes supplies, and dealing with family challenges.

The AgriSafe program is bilingual and can help to break down the barriers of communication between growers and farmworkers in terms of health and safety. Educating growers on occupational health and safety has proved beneficial because they are more likely to pass this vital information onto farmworkers.



Karen Sirucek, Certified Agri-Safe Provider, performing a Spirometer exam on a young farmer to check for lung obstruction due to occupational hazards of dust on the farm.



HOP TIP: The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) has resources regarding the use of Personal Protective Equipment at <http://www.osha.gov/SLTC/personalprotectiveequipment/>.

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Database of Innovative Outreach Practices

Innovative outreach practices that HOP has collected from 2004 and onward are categorized and accessible on HOP's website at <http://www.outreach-partners.org>

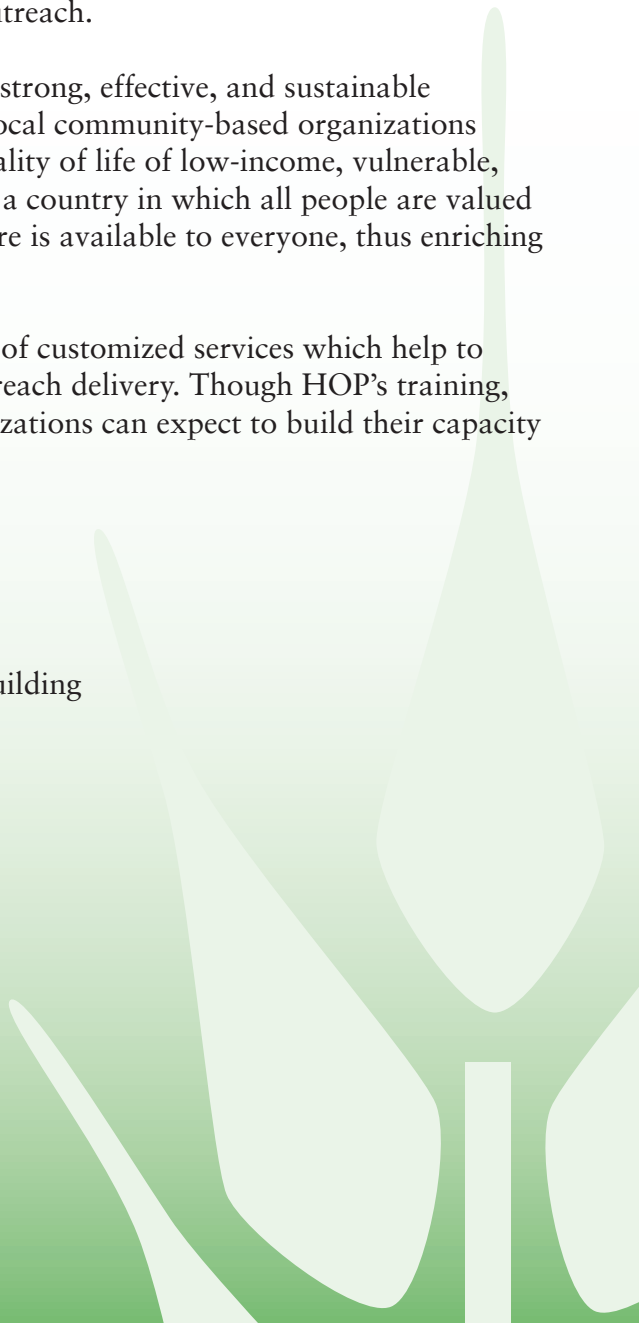
ABOUT HEALTH OUTREACH PARTNERS

Since 1970, Health Outreach Partners (HOP) has been the leading organization for the promotion, delivery, and enhancement of health outreach and enabling services to farmworkers and their families. In 2001, HOP leveraged its more than 30 years of direct-service experience and transitioned into a national training and technical assistance (T/TA) organization dedicated to helping community-based organizations improve their outreach and enabling services to farmworkers. In 2009, HOP changed its name from Farmworker Health Services, Inc., and expanded its scope to respond to the changing labor populations targeted by outreach.

Health Outreach Partners' mission 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.

Health Outreach Partners offers a wide range of customized services which help to enhance community-based organizations' outreach delivery. Through HOP's training, consultation, and information services, organizations can expect to build their capacity around the following six priority areas:

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





Health Outreach Partners

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