Health Outreach Partners would like to extend its appreciation to the following organizations for submitting innovative outreach practices:

Beaufort Jasper Hampton Comprehensive Health Services, Inc. (SC)
Carson City Health Department (NV)
Cherry Street Health Center (MI)
Clinicas de Salud del Pueblo, Inc. (CA)
Columbia Basin Health Association (WA)
Eastern Shore Rural Health System, Inc. (VA)
Family Health Centers (WA)
Hudson River HealthCare, Inc. (NY)
Maine Migrant Health Program (ME)
Mission Neighborhood Health Center (CA)
Mobile County Health Department (AL)
Quincy Community Health Center (WA)
Sea Mar Community Health Centers (WA)
Shawnee Health Service (IL)
Southeastern Louisiana University School of Nursing (LA)
Southern Jersey Family Medical Centers (NJ)

HOP would also like to thank the Sister Cecilia B. Abhold Award selection panel for its time and efforts.

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INTRODUCTION

Health Outreach Partners (HOP) is pleased to present its tenth annual Innovative Outreach Practices Report. When the first edition of the report was published in 2002, few national avenues existed for outreach programs to showcase their unique strategies 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 outreach programs a national platform to share innovative outreach techniques, discover new methods for improving outreach programs, and identify emerging areas of interest and needs. 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 several of which emphasized skill-building and empowerment among farmworkers and other vulnerable populations. HOP is proud to feature these practices in this report, highlighting a cutting-edge trend in outreach programs.
What makes a practice innovative?

The practices featured in the Innovative Outreach Practices Report, 10th Edition 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 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 a new or rising issue among low-income and underserved populations

For instance, this year’s report contains a practice from a program in New York that increases patient access to consistent and quality care through the issue of photo identification cards. The photo identification card helps link patients to the clinic as their medical home while providing a much needed means of identification. The practice can be easily replicated and has proven to be a valuable recruitment tool for new patients.

Also, featured in this report is a program in Washington that worked with a local university to create a multimedia piece highlighting important health issues that impact the community. The health promoters collected photographs and conducted interviews on housing needs. The project has been used to educate the community. As a result of the project, there is growing momentum to address housing issues in the area. These are just some of the 17 practices showcased in this report. We believe you will find several that can be adapted to help tackle issues within your community.
How do I use this report?

The innovative outreach practices featured in this report are presented in two sections, *Special Feature: Practices Addressing Skill Building* and *Innovative Outreach Practices At-Large*. The skill building section begins with an introduction, delineating why HOP decided to place a special emphasis on the topic in this year’s report, followed by five innovative outreach practices. The Innovative Outreach Practices At-Large section includes 12 practices on a range of topics from outreach programs across the country including farmworker-serving organizations, many of which were nominees for the Sister Cecilia B. Abhold Award. Recipients of the award for 2010-11 are featured on pages 6-7.

You will also find an index of specific topics addressed in this report, such as dental health and youth health. The *Topical Index* found on page 28 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 on effectively implementing or adapting featured practices.
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 low-income and underserved populations. 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, listserves, at Migrant Stream Forums, and by word-of-mouth.

**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.
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.
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SPECIAL FEATURE:
PRACTICES ADDRESSING SKILL BUILDING

Outreach programs provide much needed enabling services to low-income, vulnerable, and underserved populations, such as farmworkers and urban youth. Outreach workers provide a variety of services to their target populations including public benefits eligibility counseling, health education and promotion, transportation, case management, and interpretation. In addition, outreach programs can act as a liaison between their target populations and health services. Outreach workers are uniquely positioned to build trusting relationships, based on mutual respect and patient empowerment, with their community. This year, skill building opportunities emerged as a trend among practices submitted by outreach programs. Innovative practices highlighted in this section empower their target populations to proactively improve their health. The featured programs recognize that information alone is often not enough to successfully facilitate change. The following practices provide resources, tools, and skills to ensure those receiving services are equipped to make positive lifestyle changes.

Farmworkers participate in a pesticide safety awareness training presented by CBHA staff.
Although many farms are rural and isolated from immediate emergency care, farmworkers are often overlooked for first-aid training. This can affect their ability to respond to emergencies both at work sites and in case of natural disasters.

Southern Louisiana University School of Nursing (School of Nursing) partnered with Healthy Farm Families Initiative and developed a First Aid for Rural Medical Emergencies (FARME) Train the Trainer curriculum. This curriculum is used by the SELU School of Nursing students to provide first aid training to agricultural farmworkers in Southern Louisiana. Training content covers injury and risks associated with farm work and information on how to access emergency medical services. Farmworkers also learn about prevention strategies, how to stabilize accident scenes, and deliver first aid.

FARME has mutually benefited the School of Nursing and the farmworker community. Students complete their community outreach requirement through the program and farmworkers, in turn, benefit from hands-on training in first-aid skills.

Initial data from focus groups indicate that farmworkers recognize that first-aid skills are important, both for themselves and their families. Through the FARME project, they have gained confidence, knowledge, and first-aid skills needed to take action should an emergency arise.

FARME can serve as a model outreach program development curriculum. Successful partnerships can be established with local universities because outreach programs are excellent platforms to help expand educational opportunities for students.
Many farmworkers do not have the literacy level required to understand the basic health information needed to make appropriate health decisions. Traditionally, farmworkers rely on advice from family members or curanderos (traditional healers). This lack of health literacy can lead to an increase in emergency room visits. This can also affect both the children and parents’ attendance at school and work respectively.

Columbia Basin Health Association was selected as a pilot site to implement the Health Care Institute Literacy Training Program, a program led by Dr. Ariela Herman of the UCLA School of Management. The goals of the training were to increase parents’ health care knowledge and empower them to make decisions regarding their children’s health care needs. The training focused on common health conditions encountered by children up to 5 years old, including fever, diarrhea, vomiting, oral hygiene, and the flu. Parents were also taught how to use a thermometer and give medications. The trainings were provided in a manner that was easy to understand and included many interactive activities which gave parents a hands-on experience.

After the training, parents were contacted every thirty days for three months to see how they were using and applying the information they learned. So far, significant positive outcomes have resulted from the training. Participating parents show:

- 32% decrease in emergency room visits
- 45% decrease in clinic walk-in visits
- Children missed less days from school/daycare (from 1.69 days to 0.02 days per month)
- Parents missed less days from work (from 2.03 days to 0.05 days per month)

The Health Literacy Training Program has successfully helped increase parents' health care knowledge and build their skills for taking care of themselves and their families.
Farmworkers are constantly exposed to pesticides and pesticide residues without knowing the short or long-term health effects. A needs assessment conducted by the Pesticide Safety Education Program at Columbia Basin Health Association (CBHA) measured pesticide knowledge and pesticide safety practices among farmworkers. Results showed that 50% of farmworkers had received no prior pesticide safety education, with 43% unsure of what to do if exposed to pesticides. Forty percent of these workers had been working in agriculture over five years.

To address the lack of pesticide safety knowledge and skills within the farmworker community, the program began providing pesticide safety trainings using interactive activities such as pesticide bingo, role-playing, and case scenarios. Raffles were provided as incentives to increase attendance. Farmworkers received prizes for participating during the trainings. The prizes, such as t-shirts, hats, safety glasses, or work gloves, reinforced the message of safety. Each training session’s content was adjusted to reflect the level of understanding and knowledge of the participants and their preferred language (Spanish, Mixteco, and English).

Community awareness events such as Mexican Consulate Day, Fiesta Amistad, Cinco de Mayo, and 16 de Septiembre Festivals were also used to provide pesticide safety information and one-on-one education. The program also partners with local farmworker serving organizations including child development centers, labor camps, churches, ESL programs, and skill development centers. Approximately three thousand farmworkers have participated in pesticide safety training and awareness activities in the past two years.

After the trainings, a survey was conducted to measure knowledge gain and pesticide safety behaviors that farmworkers now apply in their work environment as well as in their homes. Sixty-one percent of participants have increased their knowledge of pesticide safety topics, while 23% of the farmworkers have successfully applied pesticide-preventive behaviors in both the work place and at home.

**HOP TIP:** Growers are required to provide pesticide safety training to their workers. Your outreach team can offer to do these trainings in exchange for additional time to talk to farmworkers about your health center or to conduct health screenings.
Since 1997, Mission Neighborhood Health Center (MNHC) has offered a bilingual program called *Latinos en Extasis* to Latino youth (ages 13-18 years) in San Francisco. The program aims to empower young people to become proactive about their own health and improve their community’s well-being.

*Latinos en Extasis* provides STI, HIV, and pregnancy prevention health education through outreach peer-educators. The program incorporates a unique focus on health rights and advocacy. Outreach peer-educators are recruited from local middle and high schools and attend nine weeks of training. After the training, peer-educators work for a year in the community providing workshops and presentations during after school programs such as the Boys and Girls Clubs of America and community centers that work with new immigrants. Participating youth learn about various sexual health topics and other relevant information such as domestic violence, suicide prevention, and substance abuse. They are educated on their rights as patients as well as California’s Minor Consent Laws and confidentiality. Workshops are interactive and presented in the preferred language of the participants. Information is often discussed in a gender neutral format to avoid excluding anyone. Participating youth are also linked to free counseling and sexual and reproductive health services at MNHC’s teen clinic.

Peer-education outreach has proven to be a successful tool for *Latinos en Extasis*. Youth learn more effectively when working with their peers. Through the program, youth become advocates for their own health and learn how to navigate the reproductive health care system. Past participants (peer-educators and trainees) have shown a high rate of college enrollment, with many currently working in the health field as HIV test counselors and/or community health workers.

**HOP TIP:** In some parts of the country, finding bilingual staff can be a challenge. Programs that use volunteers for peer-education can be a great pipeline for new employees.
CLINICA DE SALUD DEL PUEBLO, INC.
Brawley, California

Clinicas de Salud del Pueblo, Inc. (CDSDP) developed an outreach preventative care program, Ventanilla de Salud Movil (VDSM) to build efficacy and a sense of self-empowerment among farmworkers in their community and improve farmworker access to healthcare services. While Ventanilla de Salud Movil is an independent project, it has expanded on and worked with the Ventanilla de Salud program, funded by the Mexican Consulate to improve access to health services for Mexican nationals in foreign countries.

VDSM helps farmworkers believe that they can make the changes necessary to lead a healthy life and set a good example for their children. It uses a similar scope and materials as the consulate, but instead focuses on providing outreach in the community rather than through a single, fixed location. Promotoras target farmworkers on the street, in their homes and at work with culturally sensitive information and health education. Services are offered in Spanish using interactive and popular education techniques. Farmworkers learn how to prevent or detect various health problems, such as diabetes and hypertension. Also, they learn about health services available to treat these diseases. Promotoras show pictorial statistics and provide personal testimonies that highlight the importance of seeing a medical provider. Following provider advice is encouraged in order to yield good health and a better quality of life. Participants can take stock of their situation and identify areas of potential change. Farmworkers receive a health card or “cartilla de salud” which lists recommended tests and immunizations. Finally, they learn about basic health screenings such as BMI, blood sugar and blood pressure tests.

Through VDSM, farmworkers see the community health center as an ally, enabling them to achieve better health and prevention services. In 2010 alone, VDSM facilitated 980 farmworker medical visits.

HOP TIP: Consider how to creatively use existing community collaborations and established projects to maximize your resources. Strategic partnerships extend the reach of your outreach efforts.
INNOVATIVE OUTREACH PRACTICES AT-LARGE

A child peeks into her family’s double wide home with a big smile (Quincy Community Health).
Therapy Dogs Help Make Flu Shot Clinic a Success

Carson City Health Department
Carson City, Nevada

The Carson City Health Department (CCHD) provides important vaccinations to community members. In January 2010, CCHD scheduled community-wide H1N1 influenza vaccination clinics at a local shopping mall. Many people fear injections and often hesitate to participate in vaccinations. In order to address this fear, CCHD partnered with a unique and non-traditional type of “outreach worker.” Three certified therapy dogs were employed to ease stress and offer support. These canines are trained to provide affection and comfort to people in various settings and stressful situations. The therapy dogs frequent venues such as hospitals, nursing homes, retirement homes, schools and disaster settings.

The presence of therapy dogs at CCHD’s vaccination clinics not only helped those with fear and anxiety, but also attracted attention from dog-lovers and children alike. The canine workers were quite busy at the clinic circulating among the attendees and sitting with patients as they were seated for vaccinations; their mere presence helped engage, comfort, and distract participants.

An added bonus of bringing the therapy dogs on board was the positive media exposure that CCHD received in advance. The local newspaper, upon receiving the press release, scheduled a photo-shoot of one of the dogs with a patient. An article with a color photo appeared on the eve of the immunization clinic. In addition, the Reno, Nevada NBC affiliate had the three dogs and their owners appear on the noon news segment. The live appearance happened one day in advance of the clinic.

Altogether the therapy dogs proved to be very successful in marketing the clinic and making an uncomfortable experience easier for many community members. As a result, the flu shot clinic seemed to surpass others in both quality and quantity of people receiving vaccinations.
Working Effectively with a Farmworker Advisory Council

Beaufort-Jasper Hampton Comprehensive Health Services, Inc. (BJHCHS) has a long history of raising awareness about the health needs and lives of farmworkers and their families. This year, BJHCHS established a Farmworker Health Advisory Council. Organizations and agencies involved in providing farmworker services were invited to join. Recruitment of Advisory Council members was a success, with representatives joining from the Employment Security Commission, local churches, school clinics, and food pantry services. Advisory Council members offered advice on how to better communicate and reach out to as many farmworkers as possible.

One accomplishment of the Advisory Council was the creation of comprehensive welcome packets for new farmworkers. All the crew leaders, through the owner’s management, received a welcome folder with BJHCHS’s outreach coordinator phone numbers, an introductory letter, emergency numbers, and social service contact information. Content of the packets included detailed information regarding local programs and services such as Head Start programs, school-based clinics, the local food pantry, and health services. The information was widely distributed throughout the community and increased the number of farmworkers that received accurate information about the services available to them and their families. One notable success was family participation in the food pantry service. Between January and July of 2010 there was a 25% increase in the number of farmworkers accessing food pantry services.

Plans are in place to continue the good work of the Farmworker Advisory Council. Next year the council plans to coordinate English as a Second Language classes. Additionally, Advisory Council members are scheduled to participate in a planning meeting to help prepare for the season and expand current efforts. A debrief meeting will also be held at the end of the season to evaluate the success of new and existing initiatives.

HOP Tip: Advisory Council recommendations should be shared with health center administrators and your Board of Directors. For maximum impact, be sure to include farmworkers on your Advisory Council!
Affordable dental health is a key issue for many migrant populations. In HOP’s 2010 report, *Breaking Down the Barriers: A National Needs Assessment on Farmworker Health Outreach*, dental health was the second-highest health issue of greatest concern among farmworkers. In addition, migrant workers’ demanding work schedules hinder them from accessing dental services available in their community. Health centers often struggle to provide low-cost dental care and maintain hours that are feasible for both the health center and their target population. In the summer of 2010, Cherry Street Health Center (Cherry Street) piloted a dental care program to address this need in their community.

The outreach program worked with the health center to develop an affordable after-hours dental clinic. In the initial stages, the evening shifts started at 4 pm and ended at 8 pm on Mondays only. Because of the program’s initial success, Cherry Street extended emergency dental walk-in hours to Monday and Thursday. By 4 pm on Mondays, there is usually a line of people waiting for a dental visit.

Cherry Street works hard to keep the after-hours appointments affordable. For starters, federal grants are used to fund the unpaid portion of the dental walk-in visits. Cherry Street also utilizes on-site AmeriCorps volunteers to provide clients with information on patient eligibility for Medicaid programs, health education, outreach and interpretation services. In addition, patients accessing the after-hours dental services can also sign up for other medical services. Through these cost saving measures, Cherry Street is able to successfully offer emergency dental walk-in services for $20 per visit. The after-hours dental clinic has been a very successful patient enrollment mechanism for Cherry Street as well.

**HOP TIP:** Keep in mind the overall benefit your health center receives by increasing patient enrollment and ensuring eligible patients are accessing public benefits programs. Use your outreach program staff to help link patients to public benefits programs whenever possible.
Maximizing Reach through “Healthy Farmworker Day”

Eastern Shore Rural Health System, Inc.
Franktown, Virginia

For health centers serving both the migrant community and the general population, it can be a challenge to juggle appointments during peak harvest season. This is especially true for preventative care appointments such as family planning, diabetic check-ups, full physical exams and cervical cancer screenings. To address this need, Eastern Shore Rural Health System, Inc., held a “Healthy Farmworker Day” during Community Health Centers Week in August. Grouping appointments on the same day has several benefits and outreach plays a crucial role in making sure the day goes smoothly for all involved.

Farmworkers received comprehensive services on “Healthy Farmworker Day.” Transportation was easier to coordinate because the appointments were grouped on one day. Several patients from the same camp rode together while others were transported by church volunteers or by buses owned by crew leaders. Once patients arrived at the clinic, health educators distributed culturally appropriate health education materials, provided health education, and offered trainings on the proper use of glucometers. Extra interpreters were on hand for pre-registration services. Providers and other clinical staff addressed multiple issues in order to maximize the farmworkers’ time at the clinic. Outreach workers were also on hand to enroll farmworkers in Migrant Clinician Network’s (MCN) Health Network, arrange for patients to receive copies of lab work, and help patients understand results and needed follow-up care.

Overall, the day was a success. Female patients received comprehensive screenings, immunizations, and information on various health issues. Several patients were referred to on-site mental health counseling, health education sessions, dental care, and ultrasound and MRI/CT scans. Patients were also enrolled in Migrant Clinicians Network’s CAN-track and Health Network programs, which provides bridge case management services for mobile patients. Participants of the event complimented Eastern Shore’s friendly staff, the affordability of services, and expressed appreciation that “someone cares about us.” Thanks to positive word-of-mouth from patients like these, many other community members have requested appointments.

HOP TIP: Advance planning allows outreach programs to create a proactive response to the needs of clients. Designate the necessary time to engage in a thoughtful and deliberate planning process.
Family Health Centers (FHC), a Federally Qualified Health Center in Washington, has worked diligently to develop strong relationships with community partners and the patient population. One asset FHC can count on is the dynamic, outgoing outreach staff members who have natural talent for bringing others together. Through hard work and persistence, FHC has successfully brokered mutually beneficial relationships with two local coalitions.

Over the past several years FHC has worked with Fuerza Latina, the local Latino grassroots collective that includes many migrant and seasonal farmworker representatives. Fuerza Latina was included in a focus group to help develop FHC’s outreach program after FHC was awarded the Rural Health Care Outreach Grant several years ago. Since then, FHC has maintained relations with Fuerza Latina and relied on this coalition to help the health center be responsive to community needs and determine appropriate health education services. A benefit of maintaining a presence with Fuerza Latina is that FHC has become firmly embedded as a trusted and visible presence in the community.

FHC has also promoted the development of the Latino Health and Wellness Coalition. Local health and social service agencies come together to increase the effectiveness of community efforts to overcome shared issues such as lack of transportation, language, and cultural barriers. The coalition collaborates on many projects including instituting a new Winter Wellness Program, a program designed to keep families active during the cold winter months.

The essential ingredient that makes both of these coalitions such great resources to FHC and the local community is that their members are invested. The two coalitions often work together, sharing common struggles and generating ideas to address complex problems. Both community members and professionals alike are part of the solution and advocate for better health and social services for Latinos.

HOP TIP: Community coalitions can be powerful partners. Investing time and energy into developing positive relationships with these community leaders can help your program learn about the specific needs and challenges of the people you serve.
Hypertension is the most common health problem among farmworkers accessing services through Maine Migrant Health Program (MMHP). In response, MMHP set two hypertension-related goals in their Health Care Plan. To reach these goals, MMHP has devised a system to ensure seamless coordination between outreach workers, promotoras, and clinicians. The steps for providing education, screenings, referrals, and care are outlined in a flowchart and staff responsibilities are clearly defined. This visual tool created transparency and allowed each staff member to see how their individual efforts contributed to MMHP reaching its hypertension-related goals.

MMHP instituted several additional steps to ensure patients struggling with hypertension received the best, most effective information and care possible. Outreach workers and promotoras provided blood pressure screenings and hypertension health education. Farmworkers were given culturally and linguistically appropriate health education materials and blood pressure wallet cards, which can be used to continually monitor blood pressure. Clinicians referred patients with multiple risk factors to outreach case managers for self-management planning. A personal health journal was developed by MMHP and other state health agencies to help farmworkers effectively manage their chronic illness. Outreach case managers and their farmworker clients record appointments, test results, and medications in the journal, which serves as a record of care.

MMHP is committed to evaluating these new strategies. For instance, a pre and post-test is completed at each health education session. Outreach staff and promotoras complete an evaluation checklist to serve both as a preparation guide and as a means to evaluate the effectiveness of the session. The checklist also tracks the number of farmworkers receiving referrals and how many farmworkers actually saw a clinician as a result of the session. Finally, outreach staff members reflect on their experiences together, sharing suggestions for improvement and highlighting successes.

HOP TIP: Visual tools like a flowchart help take the guesswork out of complicated processes. Consider using checklists, flowcharts, and tracking systems to keep everyone on track and documenting the good work being done.
In 2009, Semmes Clinic made targeting hard to reach individuals where they live, work, and seek services an outreach priority. The goal of this mobile effort was to get the word out about health issues, benefits of seeking health care, and service opportunities. In 2010, the outreach program lead by Irma Reyes emphasized “health aggressiveness”, assertive efforts by health care and social service workers to emphasize the need for good health care practices and compliance with provider advice. It is not enough to have services available. Semmes decided to closely study its constituency and match services not only to their needs but to their mindset. Semmes paid attention to patient priorities, concerns and barriers to participation, such as language, fear of government, lack of knowledge about health issues, and the inconvenience of care and treatment.

Semmes outreach staff increased efforts by pushing a little harder, talking a little faster, and using a variety of techniques to ensure farmworkers receive quality care and follow up. This approach was particularly effective during the tuberculosis and skin cancer screening “rush” held from May to August. During this period of intense screening promotion, eight individuals were identified with latent tuberculosis infection. Tuberculosis treatment is time intensive, requiring vigilance and assistance in understanding the process for navigating the health care system. Outreach staff coordinated transportation, provided interpretation, offered support, kept the patients informed, and provided health education about tuberculosis and medication adherence.

All eight individuals have started medication and have been closely monitored because of Semmes Clinic efforts. The quick, aggressive action of clinic staff ensured patients got into the clinic for care, received appropriate treatment, and were monitored for follow-up. Semmes Clinic can now apply this approach and the lessons learned to their burgeoning Latino HIV/AIDS prevention and treatment efforts.

HOP TIP: Outreach efforts should be closely aligned with the health center’s priorities. Be sure your outreach staff know about the objectives in your organization’s health care plan.
Raising Awareness of Housing Issues using 21st Century Technology

Quincy Community Health Center
Quincy, Washington

Quincy Community Health Center and the Edward R. Murrow College of Communication at Washington State University (WSU) partnered to do a Photovoice project. The 14-minute multimedia piece highlighted housing as an important health issue that impacts the community in and around Quincy, Washington. At the start of the project, promotoras were trained on photography, conducting interviews, as well as ethical and safety concerns.

Many issues were explored and housing was identified as the main environmental health issue facing the community. The more experienced promotoras participated in the production of a piece on housing. Video, pictures, and audio were collected from the promotoras and edited by a student from the WSU Edward R. Murrow College of Communication. The production of the piece allowed the community to discuss how housing affects the community overall. The resulting Photovoice project debuted during the week-long celebration of Community and Migrant Health Centers 45th anniversary, which also coincided with the 32nd anniversary of Quincy Community Health Centers.

Since the unveiling of the project, there has been a growing momentum to address housing in the area. Local newspapers such as The Spokesman Review and Seattle Times covered the story. City officials are working with the Grant County Housing Authority to do a housing needs assessment and promotoras will collect the surveys. Increased awareness of homeless classification among school children has resulted in more families being connected to services. In addition, the local Habitat for Humanity offers mediation training to promotoras to help them better address housing issues. The impact of the Photovoice project extends beyond the Quincy area. Quincy’s promotoras have been invited to share the details of the project with other health professionals across the country.

Universities are natural partners for an outreach program. An outreach program can use the resources of higher-education institutions to bring awareness to important local issues. Local universities can also help organize and execute the project.

HOP TIP: Visit www.vimeo.com/13687758 to access the Photovoice project. Pictures can be powerful tools to communicate the needs and challenges of your community.
Addressing Language Barriers through Incentives and Flexible Hours for Promotoras

Sea Mar Community Health
Mt. Vernon, Washington

For 18 years, Sea Mar Community Health Centers (Sea Mar) in Mt. Vernon, Washington have led a migrant camp outreach program that is designed to deliver services and educate patients about medical screenings, dental screenings and social services. Sea Mar offers information on a variety of services including food, clothing, worker-rights information, and HIV education and testing. One of the major barriers that emerged over the last few years is the need to offer services in a variety of languages. With this in mind, the outreach program focused on recruiting promotoras who are bilingual or trilingual in English, Spanish, and Mixteco or Triqui from local communities in the counties served by Sea Mar.

Sea Mar Outreach Program has developed an informal and unique approach to recruiting bilingual and/or trilingual promotoras. Recruitment can occur anywhere. SeaMar’s recruitment efforts include targeting family members of patients or patients themselves at the health center, or during outreach at camps and health fairs. The outreach program recruits many promotoras to address the language barriers of the patient population through a less formal recruitment process than it uses for other positions. Once recruited, promotoras sign a contract with Sea Mar stipulating the number of hours and days of week they are available, scope of work and specific responsibilities (interpretation, community outreach, health education). Incentives include a $25 gift card per month, letters of recommendations for jobs and college enrollment, and ongoing training opportunities.

The program coordinator creates a list of all Sea Mar outreach promotoras’ addresses, telephone numbers and preferred hours of availability. This list is distributed to all the providers at all sites. With the informal recruitment in place, the health center is able to acquire many bilingual promotoras. More promotoras means more flexible hours for everyone. This way, a promotora can continue a regular job while providing much needed interpretation and other health enabling services during her spare time to the health center.

HOP TIP: It is imperative that all interpreters – whether paid staff or volunteers – receive appropriate training. Monolingual staff should receive training on working effectively with interpreters.
The Murphysboro Health Center (MHC) is one of Shawnee Health Service’s many health care facilities. The outreach program is based out of MHC and provides a wide variety of outreach services to the farmworker population. This year, the Migrant Health Program worked diligently to define the mission, goals, objectives, and activities of the program. Establishing an outreach program-specific mission and related goals gives the team a clear focus and direction.

In order to ensure the outreach staff members’ voices were incorporated into the plan, staff members were split into two teams. Each group worked separately to review different examples and definitions of mission statements. The teams were asked to make a list of all the outreach and enabling services provided to Shawnee Health Service patients. Each team then crafted a mission statement and definition of outreach. The large group compared and merged the results.

This approach to the process ensured that the staff members with the greatest knowledge of the farmworker population determined the direction of the outreach program. Knowing the needs of the population makes it easier to establish relevant goals that will best serve the patient population. Not only do team members know the community, but participation in the process builds team cohesion. Everyone works toward a shared vision, crafted by the very people who are responsible for carrying out the mission.
Southern Jersey Family Medical Centers (SJFMC) decided to host a community celebration in early May in honor of Mother’s Day and Cinco de Mayo. It was a perfect opportunity to focus on women’s health and bring the community together to celebrate Mexican culture and heritage. SJFMC promoted this family-oriented event by encouraging community members to celebrate traditional music, food, folkloric dance, and learn about breast health. Specifically, people were asked to bring their mothers, partners, and friends.

The celebration offered the opportunity to address breast health amongst women in particular. SJFMC targeted monolingual Spanish-speaking women in the community that experience significant barriers to getting annual mammogram screenings. Supported in part by funds from the Susan G. Komen Foundation, SJFMC ensured Breast Health Promoters were on hand to give out health information and help make appointments for mammograms. A local Spanish radio announcer facilitating the event reinforced important breast health messages over the microphone at various points throughout the day.

Over 200 people participated in the event. The day was festive with community members dressing their children in traditional regional Mexican costumes. Games and activities were also available for the children. Many participants even showed their talents by joining performers on stage. The most important accomplishment was that many monolingual Spanish-speaking women were reached. A number of appointments were made for mammogram screenings. In addition, more women were able to access important breast health services with help from the health promoters.

Women line up to receive breast health information at Southern Jersey’s community celebration.
Migratory workers face numerous barriers to accessing care including the lack of identification, especially a photo ID, which links them to a local presence. To address the issue, Hudson River HealthCare, Inc. (HRHCare) launched an innovative and simple system for migratory workers’ identification.

At the health center, a patient receives a photo ID card that lists his/her name, date of birth, a patient number, a primary care provider, and a toll-free contact number for HRHCare. The photo ID cards are created using a basic digital camera, computer, and photo printer, and then double-laminated. This can be done at the health center or during outreach in the field.

The photo ID cards are supported by the patient tracking and registry functions within the health center’s electronic health record system. This helps patient representatives and support staff to streamline registration, referrals, and follow-ups even if there is a significant language barrier. In addition, the photo IDs help providers at HRHCare lower the chance of medical errors often associated with the misidentification of patients.

Word-of-mouth regarding the cards has been very positive in the community. It serves as an extremely effective patient recruitment tool. Patients value the photo ID card, as it provides a kind of “official” identification that, for many, is difficult to obtain. The photo ID card also serves as a way to validate their “membership” in the community.
INCREASING PATIENT ACCESS THROUGH PHOTO IDENTIFICATION CARDS

HUDSON RIVER HEALTHCARE, INC.

Eastern Migrant Stream Sister Cecilia B. Abhold Award Recipient
Peekskill, New York

Sample Photo ID card and attached information sheet.

Hudson River HealthCare provides a wide range of primary and preventive health services. Our focus is on the well-being of the whole person.

Many of our community health centers offer specialty services including: dental, mental health, optometry, podiatry, women’s health, pediatrics, prenatal care and nutrition counseling. Check with the Access Coordinator about the special services and health education programs we offer and how we link you to these programs.

We are committed to providing affordable, compassionate care of the highest quality. We provide 24-hour coverage at all of our Centers. If you need to reach us after hours, please call your Health Center.

Hudson River HealthCare le ofrece un amplio rango de servicios de salud primarios y preventivos. Nuestro enfoque está en el bienestar total de la persona.

Muchos de nuestros centros de salud comunitarios ofrecen servicios especializados que incluyen: servicios dentales, de salud mental, optometría, podología, salud de la mujer, pediatría, cuidados durante el embarazo y consejería sobre nutrición. Pregúntele a nuestro Coordinador de Acceso sobre los servicios especiales y los programas de educación médicos que ofrezcemos y como se puede unir a esos programas.

Estamos comprometidos en ofrecerle cuidados asequibles y caritativos de la más alta calidad. Le
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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 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. Though 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