

Accessing Farmworker-Friendly Health Education Material

Community-Based Promising Practice

During the COVID-19 pandemic, many organizations have focused on producing health education materials and social media messages to support communications about the rapid updates seen with the virus and COVID-19 vaccine guidelines. The promising practice describes how NCFH created a national inventory of health education materials for farmworkers and the material assessment process.

Partner:

The [National Center for Farmworker Health \(NCFH\)](#), based in Buda, TX is a private, not-for-profit corporation dedicated to improving the health status of farmworker families. NCFH provides information services, training and technical assistance, and a variety of products to community and migrant health centers nationwide, as well as organizations, universities, researchers, and individuals involved in farmworker health.



Description of the Practice:

At the beginning of the COVID-19 pandemic, accessing farmworker-friendly health education materials to conduct outreach and education activities became an evident challenge, namely due to language barriers as much of the material published was in English. Most of the farmworkers living in the United States identify as Hispanic (83%) and about 6% identify as Indigenous (JBS International, 2018). Many of the COVID-19-related resources available at the time were not accessible for Spanish speakers and were even less accessible for those whose native language is not Spanish or English. Additionally, many of the materials accessed were not suitable because the average level of completed education by farmworkers is 8th grade (JBS International, 2018), which requires materials to be simple and avoid complex technical vocabulary and graphics. All this led NCFH to develop a process to systematically find and assess culturally and linguistically relevant multimedia resources from external sources for farmworkers and their families.

The process included the creation of a national inventory of COVID-19 & influenza-related health education resources through a careful assessment and selection process by a trained review team.

Key Strategies:

Material collection: NCFH has a designated health educator on the team to research and stay up-to-date with new health education materials about COVID-19 and influenza, which are collected in a spreadsheet every month. The health educator regularly monitors the CDC website, NCFH network partners' webpages, partner newsletters, and other communications with organizations serving farmworkers, immigrants, or refugees.

Material evaluation: Every month, all materials collected are reviewed by bilingual NCFH staff who are trained in health education assessment. Materials in English or Spanish are evaluated using the health education material assessment developed by NCFH for print, video, and audio resources. Materials in Mesoamerican Indigenous languages are assessed based on their Spanish translation. The assessment form includes four major assessment areas that are: a) General content and messaging, b) Writing style and text construction (or use of audiovisuals), c) Organization and text appearance, and d) Language and cultural appropriateness. Materials are accepted if they meet key criteria, such as being low-literacy friendly, are factually accurate, and do not contain culturally insensitive images or text.

After the resources have been assessed, NCFH staff analyzes the gaps in health education materials by identifying relevant topics that are not covered in existing materials, materials that may need to be adapted because they are outdated or culturally inappropriate, and materials that may need to be translated into other languages. Figure 1 below summarizes this process.



Identification of gaps: In addition to updating the national inventory every month, NCFH uses the information gained during assessment as part of its prioritization process for developing new materials. Gaps in information or appropriate materials, along with input and feedback from farmworker outreach staff and NCFH partners, inform which materials are created in-house by NCFH.

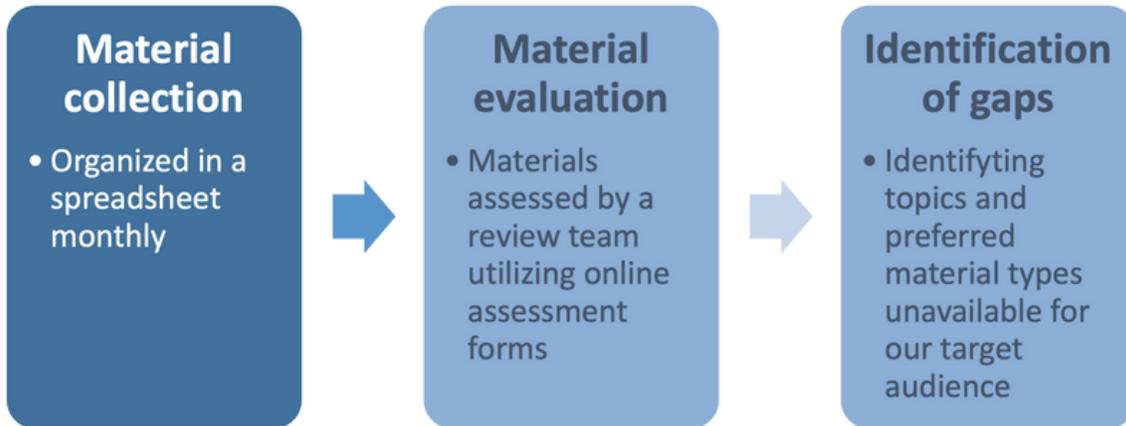


Figure 1: The process of the national inventory

Key Challenges and How They Were Addressed:

Ongoing changes in COVID-19 messaging

Opportune information: The fight against misinformation requires timely dissemination of accurate information. The evolving information during the pandemic, especially on COVID-19 guidelines and what we know about coronavirus, COVID-19 vaccines, and tests has made the challenge of identifying accessible materials for farmworkers even greater. Finding new resources with the most up-to-date content in Spanish or other languages spoken by farmworkers can take weeks to identify, and each material must be assessed prior to uploading to the national inventory.



Identification of appropriate and relevant resources for farmworkers

Few organizations in the United States develop health education materials in languages other than English or Spanish since the translation process can be complex and time-consuming. The organizations we work with to access COVID-19-related materials in Mesoamerican languages include Mixteco Indígena Community Organizing Project (MICOP), Comunidades Indígenas en Liderazgo (CIELO), Rural Women’s Health Project (RWHP), among others. We express our gratitude to these organizations for creating many of the resources listed on our [COVID-19 Educational Resources for Farmworkers page](#).

Resources Needed and Expenses:

Creating and maintaining a national inventory of resources is inexpensive outside of staff time. However, it requires a person whose responsibilities include researching and organizing the inventory and is trained in health education. Forming and training a review team has been essential to ensure that the material assessment is a more objective process and can occur on a timely basis.

The creation of the inventory requires access to digital tools like a laptop, access to internet, access to spreadsheets and online forms, and the knowledge to utilize those tools.

Partners:

[Centers for Disease Control and Prevention – CDC](#)

Evaluation: Data Collected and Results

The number of health education materials collected, assessed, and accepted include:

	Year 1 (2020 – 2021)	Year 2 (2021-2022)
Accepted	164	147
Not Accepted	76	100
Total Reviewed	240	247

Tools and Resources:

Profilee's resources

To access NCFH's assessment checklist for print/written materials:

- [Assessment Form in English](#)
- [Assessment Form in Spanish](#)

External resources

- [Developing Culturally Responsive and Linguistically Relevant Materials](#)

Lessons Learned:

Make a realistic goal. Maintaining a national inventory of resources can be very time-consuming, but it's become easier with a realistic goal. During the first year, the team tried to find as many as 40-50 new resources each month to add to the inventory, but during the second year the goal was set to 20-25. This goal made research less stressful and more organized when looking for new health education resources. Having a list of websites from other organizations that produce new materials has proven to be successful in finding new resources for the inventory in a more efficient way.



Pro Tip:

Make it your own. Create an inventory of resources that include topics that you find important to your organization and meet the key criteria for your target audience. The process of assessing materials can be adapted to meet the needs and characteristics of your target audience.

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