

OUTREACH REFERENCE MANUAL



Health Outreach Partners

ADVANCING GRASSROOTS COMMUNITY HEALTH MODELS | WWW.OUTREACH-PARTNERS.ORG

OUTREACH REFERENCE MANUAL

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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



INTRODUCTION

Health Outreach Partners (HOP) is excited to offer a new resource to Community-Based Organizations...the Outreach Reference Manual! This manual serves as a reference to outreach programs in order to improve effectiveness and sustainability. Tackling such topics as cultural competency, health education, recruitment and retention, needs assessment, planning, and evaluation, HOP's Outreach Reference Manual is a comprehensive and useful resource. The variety of information included is not just relevant for outreach staff, but for everyone working to improve access in the community.

Outreach with underserved and vulnerable populations is necessary to increase access to care to those that need it most. Unfortunately, outreach can also be extremely difficult, frustrating, and misunderstood. HOP hopes that this manual will help to overcome many of these challenges. The Outreach Reference Manual can be used by programs targeting a variety of underserved populations, though it is specifically written to improve outreach to farmworkers living and working in the United States.

This publication draws from current HOP products and services along with a number of sources commonly used in the public health field. When applicable, original sources are footnoted.

HOP offers training and technical assistance on the topics addressed in this manual, as well as other topics relating to outreach and enabling services. Please visit www.outreach-partners.org for more information or to contact us.

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CHAPTER 1: UNDERSTANDING FARMWORKERS



Photo courtesy of Community Health Centers of the Central Coast, Inc.

In this chapter you will find...

- **Farm Work & Farmworkers**
- **Farmworker Health Overview**
- **Legal Issues Affecting Farmworkers**
- **Cultural Sensitivity**
- **More Resources for Understanding Farmworker**

INTRODUCTION

Farmworker demographics vary widely within individual communities and throughout the country. Some may travel extensively to find work, while others may live in one place and work seasonally. Some may travel with their families, while others may travel alone. Some are young and new to the workforce, while others are seasoned farmworkers. Whatever the case may be in your community, your outreach program should reflect the farmworkers represented in your service area.

This chapter addresses some common farmworker-specific considerations that are essential to understanding their lifestyle, work patterns, health status, legal issues, and cultural backgrounds. The topics include:

Farm Work & Farmworkers	1-3
Farmworker Health Overview	1-9
Legal Issues Affecting Farmworkers	1-12
Cultural Sensitivity	1-16
More Resources for Understanding Farmworkers	1-24

How Can HOP Assist You Further?

If you would like more information on these topics, please visit www.outreach-partners.org and click “contact us.”

Specifically, HOP can help you:

- Develop an effective outreach program
- Strengthen an existing outreach program
- Increase the cultural competency of your staff
- Accurately identify farmworker patients



FARM WORK & FARMWORKERS

Generally speaking, farm work includes all of the processes involved in growing and packaging any commodities grown in the land. The arduous physical labor performed by farmworkers yields the many varieties of fresh, canned, and frozen fruits and vegetables found in our nation's grocery stores and markets. Specifically, farm work includes tilling soil, planting seeds, transplanting seedlings, removing weeds, applying pesticides, staking and pruning plants, harvesting crops, and preparing food to be sold. Farm work typically varies from year to year, depending on the specific crop or region. Unpredictable elements such as severe weather, insect manifestation, and drought add to the unstable nature of the work.

Although the United States agricultural system relies heavily upon industrial machines and equipment, human labor in the fields is far from being eliminated. Technologists have yet to invent a machine that can transplant a tender seedling or pick a fragile tomato as successfully and dependably as the human hand. It's the nation's farmworkers who harvest almost all produce at your local grocery store or market.

There are two types of farmworkers: migrant and seasonal. Migrant farmworkers seek annual employment and will follow the harvest season from region to region. This trek often requires them to relocate several times a year, and work with many crops in different locations. For example, a migrant farmworker may harvest citrus during the winter in Florida then lettuce during the spring in the North Carolina. Conversely, seasonal farmworkers remain in one location for work and are often employed for a few seasons out of the year (or their responsibilities change throughout the year). For example, they may be involved in several stages of production for the same crop. Although there are distinctions between the migrant and seasonal farmworker lifestyles, they are generally referred to collectively.



Demographics

Few studies in the United States today accurately document the number of migrant and seasonal farmworkers. Estimates place the number of farmworkers in our agricultural system between three and five million.¹ These estimates include men, women, teenagers, and children working in the U.S. fields and packing houses. The average age of farmworkers is 31; 80% are men; 84%

¹ Larson, Alice; Plascencia, Luis. "Migrant Enumeration .shington, D.C.: Office of Minority Health, 1993



speak Spanish; 12% are able to speak English; and the median level of education is the 6th grade.²

The majority (83%) of farmworkers are Hispanic. The number of indigenous, non-Spanish speaking workers from Mexico, Central America, and South America is increasing, while the U.S.-born African-American farmworker population has decreased significantly over the course of the last decade to about 1% of the total farmworker population. Small populations of Native American, Jamaican, Laotian, and Filipino farmworkers work in specific states and tend to return to the same place each year. Haitian, Puerto Rican, Hmong, U.S.-born Caucasians, and U.S.-born Latinos comprise most of the rest of the farmworker population.

The U.S. farmworker population is predominantly male; they are typically single or have spouses and families living in other states or countries that they support. Female farmworkers are more likely than males to be married. Farmworker women are more likely to live with their nuclear family than men (75% vs. 35%). Child labor is common in farmwork and often overlooked by our society.³

Documentation Status

Almost all parts of the country rely on immigrants with limited connections in this country to provide farmwork. The government has supported the agricultural system's dependence on immigrants through guest worker programs that allow temporary agricultural work visas, such as the Bracero program of the 1940s and today's H2A program. Despite the prevalence of these



Photo courtesy of Blue Grass Farmworker Health Center

programs, 53% of hired farmworkers lack the appropriate documentation to legally work in the United States.⁴

Although the number of undocumented farmworkers continues to swell, the U.S. agricultural system ignores current immigration policy in most cases. In fact, due to the combination of heavy labor and harsh working conditions, many U.S. citizens passively support the growers' dependence on marginalized (legally and otherwise) populations. In short, all farmworkers, regardless of legal status, are vital to the U.S. economy. Consumers expect produce at low or reasonably low prices; therefore, farm labor and immigration guidelines have been unofficially relaxed to allow for a low wage labor force.

Home Base and Migrant Streams

As the growing season progresses in the spring or summer, migrant farmworkers relocate north to "receiver communities." Traditionally, these migration patterns moving north from a primary

² U.S. Department of Labor, Office of the Assistant Secretary for Policy, Office of Programmatic Policy, Findings from the National Agricultural Workers Survey (NAWS) 2001-2002: A Demographic and Employment Profile of United States Farm Workers, Research Report No. 9, March 2005.

³ See ii.

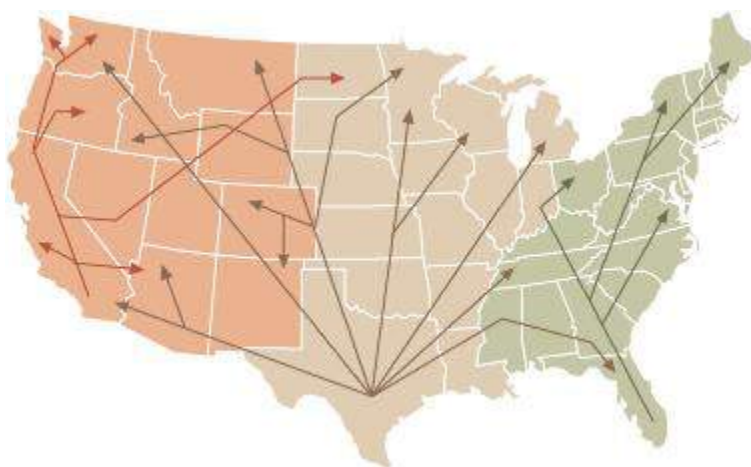
⁴ See ii.



home base state are referred to as migrant streams. There are three generally-accepted migrant streams: Eastern, Midwestern, and Western. Although the migration patterns of each stream are not as clearly defined as they once were, they remain a useful way of understanding farmworker migration and regional differences in outreach and medical services.

For example, most migrant farmworkers on the East Coast may have their primary home-base in Florida, where they harvest citrus during the winter months. When the weather allows other states to increase their agricultural activity, farmworkers will typically migrate from Florida to New England.⁵ In the Midwestern Stream, migrant farmworkers may live in Texas, their home-base state; California is the home-base for most farmworkers of the Western Stream. The migration cycle begins with winter crops in the southern states, and continues north to follow seasons of planting and harvesting.

Although the streams represent a generalized flow of migrant farmworkers, they are not isolated and crossover frequently occurs between streams. In many instances, farmworkers will pursue their work in areas recommended by other farmworkers and contacts in various states. Also, while most farmworkers move where the work is, their length of stay can vary significantly. Although variations in route and length of stay exist, migrant streams remain a useful way of understanding farmworker movement and regional differences. Despite these differences, the map below reflects the predominant migrant streams.



Graphic courtesy of Palmbeachpost.com

Patterns of Migration

There are three types of patterns of migration. They are as follows:

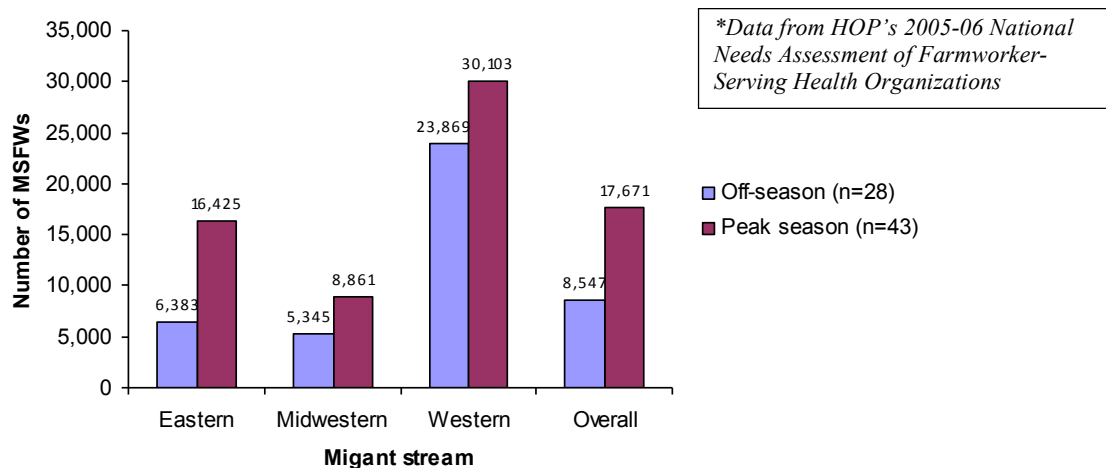
1. **Restricted Circuit** - Many farmworkers travel throughout a season within a relatively small geographic area. For example, restricted circuit migration occurs within California's Central Valley, along Nebraska's Interstate 80, or during chili harvesting in Texas' El Paso/Las Cruces/Cuidad Juarez area.

⁵ Health Outreach Partners (2006) *National Needs Assessment of Farmworker-Serving Health Organizations*



2. **Point-to-Point** - Another group of farmworkers will migrate to the same place or series of places along a fixed route during the course of a season. These people tend to live in home-base areas like Florida, Texas, Mexico, Puerto Rico, or California. The routes marked by the pointed lines on the map above represent regular farmworker routes.
3. **Nomadic** - Other farmworkers travel away from their home for a long periods of time (sometimes many years), working from farm to farm and crop to crop. Some of these farmworkers may eventually settle in the area where they migrated, while others eventually return to their home-base state or country of origin.

Figure 8. Average number of MSFWs and family members in service area, by stream



There is an increasing trend among farmworkers to maintain a year round residence in their home-base state. When they migrate north, these farmworkers leave their families so their children can continue attending the same school. Unfortunately, some families move around a lot too, even though this requires their children to spend part of the academic year in another school system. For the most part, however, migrating farmworkers are men, travel alone, and support their families who remained at the home-base state or home country.

Housing

Farmworkers generally reside in labor camps, trailer parks, rented homes or apartments, or their own homes. A little more than half of all crops workers (55%) live in some type of single family home or unit, while 22% live in various other types of housing, including labor camps and trailer parks. Over half (58%) of farmworkers live in housing rented from someone other than their employer; only 19% live in housing that they or a family member owned.⁶ Some farmworkers may even resort to living in tents, vans, or cars if no other affordable housing is available. Most labor camps contain people of the same ethnic group. A farmworker's employer or a private property owner usually owns the housing option. Migrant housing is typically charged on a weekly basis.

⁶ See ii.



Although some farmworker communities offer comfortable and clean living accommodations, most farmworker housing is substandard. It's common for rental units to be poorly maintained, dilapidated, and overcrowded. Because of exorbitant rents, farmworkers frequently squeeze as many people as they can into a single unit, in turn creating serious health risks. A lack of modern conveniences, such as indoor plumbing and heating, is also common and adds to the health risks faced by farmworkers. Most people would consider the living conditions of farmworkers to be equivalent to those common in a developing country.

Crewleaders

In some parts of the country, the contractor for a group of farmworkers is called the crew chief or crewleader. He contracts directly with a grower or farmer to supply the sufficient amount of labor needed to work the crops. The crewleader, not the grower, frequently pays the farmworkers directly. The crewleader will recruit a workforce and drive the entire group in a van or bus to their work site. The crewleader may provide meals and transportation, both of which are usually deducted from the farmworkers' pay (the laws regulating what can and cannot be deducted from a farmworker's wages vary from state to state). It is also common for crewmembers to drop out and be replaced by new ones as the crew migrates to new locations.



Photo courtesy of HOP

Although the crewleader is usually the same race as his crew, their relationship can be quite confrontational and abusive since the crew has no choice but to depend on this one person for transportation, living arrangements, and a paycheck. In addition, crewleaders can also:

- Decide whether or not a farmworker requires medical treatment.
- Choose which crew members can have access to the camp.
- Exploit their workers by encouraging alcohol or substance abuse, keeping social security checks as payment for room and board, and other abusive practices. Many farmworkers are afraid to report abuse or payment irregularities for fear of losing their job and/or having their immigration status reported.

As an outreach professional, you might want to meet some of the crewleaders in your service area. These important contacts are frequently responsible for farmworkers' transportation, food, and wages. While crewleaders may be willing to help you establish educational programs or



health screenings, they can also stop your work completely. In certain circumstances, it can be helpful to inform crewleaders about your outreach service intentions, though it is not essential. Remember, a major part of your job is to educate and be an advocate for farmworkers.

Often crewleaders do not care for your presence because they want to control and exploit their workers. Though crewleaders may attempt to block you or your services, they do not have the right or jurisdiction to do so. Farmworkers have a right to talk and work with you, just as you have a right to talk and work with them. Some states even have historical legal cases that support this right. Do not permit a hostile crewleader to control and manipulate your health outreach services.

Here are some items to keep in mind about crewleaders:

- A crewleader is usually the same race or ethnicity as the farmworkers he supervises.
- Many crewleaders like to be informed of any activities conducted in their camps or with their workers.
- Most crewleaders are cooperative with health workers, social workers, and educators. They also know they could have their “crewleader license” revoked if they are found guilty of violating any laws.
- You may not know (or be able to find out) who the crewleader is.

The Economics of Farm Work

Farmworkers are generally paid per piece rates, meaning that they are compensated by how many flats of strawberries or boxes of tomatoes they harvest. Therefore, the faster a farmworker picks a crop, the more money they can earn. Although farmworkers are guaranteed minimum wages by federal law, it is poorly enforced and generally pre-empted by the piece rate. Due to the scarcity of work, fear of having their documentation status reported, and inadequate workers’ rights enforcement, farmworkers are unlikely to complain about their pay, even if they are aware of their legal rights. Farmworkers earn well under the U.S. poverty rate, and are considered poorest of the working poor. Most receive no medical, paid vacation, retirement plans, or other benefits.



Photo courtesy of Community Health Centers of the Central Coast



FARMWORKER HEALTH OVERVIEW

Migrant and Seasonal Farmworker Health Status

Agriculture is the second most dangerous occupation in the United States.⁷ The living conditions of farmworkers have often been compared to those common in developing countries. It comes as no surprise that the health status of farmworkers is among the worst of any population in the United States.

Farmworkers have higher morbidity and mortality rates than the general population for both chronic and acute illness. Additionally, farmworkers have been documented as having more multiple and complex health problems than the general population. One study determined that 40% of the farmworkers served at migrant health centers were treated for multiple health problems.⁸ Farmworkers have an average life expectancy of 49 years, 26 years lower than the national life expectancy of the U.S. population.⁹

The following are some commonly cited problems:

- Migrant farmworkers experience tooth decay and periodontal disease twice as often as the general population.¹⁰
- Infectious diseases are prevalent among farmworker populations, oftentimes due to poor sanitation at work and home.¹¹
- Migrant Farmworkers have high rates of tuberculosis infection. Many farmworkers are entering the country from areas of the world where tuberculosis rates are much higher than in the U.S.¹²
- Musculoskeletal injuries are common in agricultural labor because of the nature of agricultural work, often requiring heavy and repetitive lifting, and quick wrist and hand movements.¹³
- Agricultural work exposes laborers to pesticides, dust, plant pollen, molds and other respiratory irritants.¹⁴
- Skin disorders are very common among this population; “farmworkers have the highest incidence of skin disorders of all industrial classifications.”¹⁵

⁷ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2006-07 Edition*, Agricultural Workers, on the Internet at <http://www.bls.gov/oco/ocos285.htm>. Accessed November 30, 2007.

⁸ Dever, G.E.A. (1991) Migrant Health Status: Profile of a Population with Complex Health Problems. Monograph Series, 1-16.

⁹ Moreno, Albert. Department of Human Services, Oregon State. “Migrant Health Fact Sheet” <http://www.oregon.gov/DHS/ph/hsp/migrant/migranthealthfactsheet.pdf>. Accessed December 5, 2007.

¹⁰ Lukes, S.M., Miller, F.Y. (2002) Oral Health Issues Among Migrant Farmworkers *The Journal of Dental Hygiene*, 76, 134-140.

¹¹ Villarejo, D., Baron, S.L. (1999) The Occupational Health Status of Hired Farmworkers. *Occupational Medicine: State of the Art Reviews*, 14, 613-625.

¹² Jacobson, M.L., et al. (1987) Tuberculosis Risk Among Migrant Farm Workers on the Delmarva Peninsula. *American Journal of Health* 77, pp. 29-32.

¹³ See viii.

¹⁴ Larson, A. (2002) Environmental / Occupational Safety and Health. *Migrant Health Issues, Monograph Series*, 2, 8-13.



- Considering migration patterns, it is extremely important for outreach staff to continue learning about HIV/AIDS prevention strategies that are appropriate to farmworker communities. Current estimates indicate that the between 2.6% to 13% of the farmworker population is contending with HIV/AIDS. One study found the rate of HIV and syphilis infection in the farmworker population to be ten times the national rate.¹⁶

Some farmworker health problems can be linked (directly or indirectly) to occupational status and lifestyle. Many are also related to physical and/or emotional stress. Agricultural workers have the highest rate of heat-related disorders, such as heat stroke or heat exhaustion. Dermatitis, often related to pesticide exposure, is another extremely frequent occurrence among agricultural workers; there is an extremely high rate of musculoskeletal problems as well. Perhaps the most illustrative example of how farmworkers face unique risks for health problems is green tobacco sickness, a type of poisoning caused by handling tobacco leaves. Prolonged exposure can cause symptoms such as nausea, dehydration, and violent headaches.

Farmworker Health Education

Almost all the health conditions cited above are preventable. Health education and primary health care can target and reduce the spread of communicable diseases such as tuberculosis, sexually transmitted infections, and HIV/AIDS. Without question, farmworkers' access to these services needs to increase. Effective preventative health care and health education may reduce:

- Infant mortality and low birth weight
- Parasitic infection
- Heat stroke
- Work related injuries
- Musculoskeletal problems
- Eye injuries
- Dental disease
- Heart disease

Some health conditions may not be preventable, such as vision problems, hypertension, or diabetes; however, timely identification, proper treatment, and health behavior modification can negate the harmful effects and lower the costs associated with these maladies.



Photo courtesy of Columbia Basin Health Association

¹⁵ National Center for Farmworker Health, Inc. (2005) "Occupational Safety Fact Sheet."

<http://www.ncfh.org/docs/fs-Occ%20Health.pdf>. Accessed December 6, 2007.

¹⁶ Fitzgerald, K. Chakaborthy, J., Shay, T., Kuder, S., & Duggan, J. (2003) HIV/AIDS knowledge among female farm workers in the Midwest, *Journal of Immigrant Health*, 5 (129-136).



Barriers Preventing Farmworkers From Accessing Health and Social Services

Identified barriers preventing farmworkers from accessing health care include: minimal transportation options, poor working and living conditions, lack of information about available services, language barriers, and low level of education. Poverty also plays a key role in health status, and prevents farmworkers from accessing available health care. Studies indicate that as a population, farmworkers are one of the most impoverished groups in the United States; a large percentage of them earn less than \$7,500 a year.¹⁷ Few, if any, farmworkers are provided health benefits by their employers, and most are ineligible for Medicaid or Medicare.



Since about 52% of the farmworkers living and working in the U.S. are not authorized to legally work, documentation prejudice issues create major barriers to accessing health care and social services. Additionally, farmworkers may not want to call attention to themselves, since they may face obvious problems when asked to provide identification. As immigration laws change, fear has been amplified and access to services diminished.

The migrant lifestyle can contribute to a lack of social support or ties within a community. Health and social services vary from place to place, and farmworkers are often isolated from a community pulse. As a result, farmworkers may not know about available services. In addition, continuity of care is compromised with each subsequent move and new provider. Migrant farmworkers seldom take their medical records with them from each time they migrate, which makes it difficult for providers to follow farmworker patients' medical histories.

Finally, further barriers to farmworker access are created by the service providers' misunderstandings and the inflexibility of health care systems in which they work. For instance, farmworkers labor long hours and rarely receive sick or personal time. The prospect of losing wages or their job makes it difficult for them to even consider leaving a jobsite for an afternoon to go to a health center. Therefore, the health center becomes largely inaccessible to farmworkers, unless it has evening hours.

Additional Resource: The National Center for Farmworker Health (NCFH) has developed fact sheets that include an overview of farmworkers' health, as well as key data about specific health topics. The fact sheets are useful for developing presentations for outreach staff, other health staff, or the community. You can access the fact sheets below online via NCFH's website: www.ncfh.org.



- Facts about America's Farmworkers
- Farmworker Health Facts
- Facts about Farmworkers and AIDS
- Maternal and Child Health
- Oral Health
- Tuberculosis

¹⁷ See viii.



LEGAL ISSUES AFFECTING FARMWORKERS

As an outreach professional, it is essential to remain aware of the legal issues that commonly affect farmworkers. At times, you may even be faced with helping to guide farmworkers through the appropriate legal channels. Every clinic or health care site should either employ or contract with legal experts who know about the current, relevant issues faced by farmworkers in your local area. If you encounter a situation warranting legal attention, you should try to seek professional legal counsel immediately. The following list is not comprehensive, nor does it substitute for legal counsel, but touches upon topical issues outreach professionals should know.

Pesticides and the Workers Protection Standard

Pesticide exposure is probably the most prominent health risk that farmworkers face. The Federal Worker Protection Standard contains requirements for proper pesticide safety training, including how to use personal protective equipment, restricted entry intervals, decontamination supplies, and emergency medical assistance. When pesticides are used at a farmworker's jobsite, employers are supposed to post information about what to do in an emergency situation, including prompt transportation of the exposed person. Starting in 1996, farm owners were required to provide their farmworkers with translated (usually in Spanish) pesticide safety information before entering pesticide treated areas.



More information regarding the Federal Worker Protection Standard can be viewed at the U.S. Environmental Protection Agency website:

<http://www.epa.gov/pesticides/safety/workers/PART170.htm>

Even brief pesticide exposure symptoms are very similar to other health problems, such as nausea, extreme fatigue, and skin irritations. Prolonged exposure to a pesticide is thought to cause more severe health risks, like birth defects and cancer, or even death. If you work with a farmworker who complains of pesticide related injuries, be sure to detail their physical symptoms and a description of the circumstance according to your organization's protocols. Ideally, farmworkers should be able to identify the type of pesticide they came in contact with, as well as how much time elapsed since the exposure.

Workers' Compensation

In the United States, employers are required by law to provide workers compensation insurance to their W-2 employees. In the case that a worker suffers from a job-related injury or illness, then workers' compensation benefits will pay for medical expenses and replace lost wages. Remember, eligibility requirements, benefits levels, and other rules differ from state to state. Be familiar with your state's workers' compensation laws by calling your local labor office. Unfortunately, most farmworkers do not receive workers' compensation from their employers because they are often undocumented, and rarely considered a grower's employees.



Immigration

The U.S. Citizenship and Immigration Services (CIS) makes all decisions regarding petitions for lawful entry into the United States. U.S. Immigration and Customs Enforcement (ICE) is the law enforcement entity which detains and removes individuals in violation of U.S. immigration law. Since ICE raids are often a pressing fear for undocumented farmworkers, you should be aware of how these raids can happen and what rights farmworkers have in such situations.

Temporary foreign agricultural worker programs, such as H2-A, may become more common in coming years. Under these programs, foreign farmworkers who enter the United States with temporary work visas are usually employed by only one grower and stay in the country for a predetermined amount of time. Beyond this, U.S. visas can be issued to refugees, asylees, those applying for temporary protected status, and fiancés of U.S. citizens.

Many farmworkers are actually hesitant to accept public assistance, believing it will jeopardize their legalization process. In truth, receiving public benefits may or may not affect an immigrant under the “public charge” provision of immigration laws. A migrant farmworker will not be considered a “public charge” for using health care benefits such as Medicaid, CHIP, prenatal care, and health centers. The vast majority of undocumented immigrants will not be eligible for most government benefits like cash assistance, long-term institutionalization, and food stamps.

For more information, visit <http://www.uscis.gov/files/article/Public.pdf>. You can also contact the Migrant Legal Action Program at <http://www.mlapp.org> or search online to find your local legal assistance organization.

Violence Against Women

Unfortunately, domestic violence exists across all cultures, classes, and ethnicities. Domestic violence with farmworkers is magnified due to certain barriers. Migrant Clinicians' Network (MCN) produced a document further explaining the barriers and their implications titled, “Lacking access to health services, fearing deportation, and living in isolated environments, farmworker women are often forced to endure violence.” In 1994, the Violence Against Women Act (VAWA) was created to better protect battered women and children, including immigrants. As a health outreach worker, try to familiarize yourself with the Immigration and Nationality Act. Should you encounter a case of domestic violence, contact your local domestic violence prevention agency.



Photo courtesy of Clinicas del Camino Real, Inc.

The National Domestic Violence Hotline is 1-800-799-SAFE. The Violence Against Women's Act text can be viewed at the U.S. Department of Justice website: <http://www.usdoj.gov/ovw/regulations.htm>.



Child Abuse and Child Protective Services

In some cases, the Child Protective Services (CPS) can construe an instance of severe poverty as child neglect. Farmworker families embattled with the CPS may need assistance as they fight to keep their children. As an outreach worker, you can advocate for child abuse prevention by helping parents understand federal laws and requirements.

The Federal Child Abuse Prevention Act defines child maltreatment as physical, sexual, or emotional abuse; however, each state provides its own interpretation within civil and criminal codes. Every state mandates that a person is responsible for reporting child abuse to CPS or the local police if it is detected or suspected.

The complete text of the law (U.S. Code title 42, chapter 67) can be downloaded from the Cornell University Legal Information Institute website at:
www4.law.cornell.edu/uscode/42/ch67.html

Child Labor

At times, you may see many farmworker children working in the fields because of economic necessity; affordable daycare options may not be available or accessible to farmworkers in your service area. The Fair Labor Standards Act permits children to work in the agriculture industry at a younger age than most others. In the farmworker trade, employment age usually starts around sixteen, and can include performing hazardous tasks like pesticide spraying. Fourteen year-old children are actually permitted to work outside of school hours. You may even encounter younger children that are employed in the fields on their parent's farm without any legal restrictions or ramifications. Unfortunately, many children are laboring under extremely dangerous and exploitative conditions.



For more information regarding the U.S. child and youth labor laws, please visit:
<http://www.dol.gov/dol/topic/youthlabor/childlaborstatistics.htm>

The Americans with Disabilities Act



In 1990, the Americans with Disabilities Act (ADA) was signed into law to provide civil rights legislation protection to the disabled. The ADA mandates the modification of policies, practices, and procedures to ensure health care access for people with disabilities. All health and social service agencies should research the ADA and make sure they are in compliance with it.

For more information on the Americans with Disabilities Act, please visit the US. Department of Labor website: <http://www.dol.gov/esa/regs/statutes/ofccp/ada.htm>.



Vocational Rehabilitation

Vocational rehabilitation helps enable people with disabilities to enter or re-enter the job force, and is funded jointly by federal and state government agencies. Farmworkers, however, may face many barriers to accessing vocational rehabilitation services, such as language, documentation status, and transportation to rehabilitation classes. Some states offer special vocational rehabilitation services designed specifically for farmworkers. Contact your state public health department to learn if vocational services are offered in your service area.

Job Services and the Monitor Advocate System

The monitor advocate system was established to supervise job service agencies across each state. This system helps to ensure non-discriminatory delivery of workforce development-related services like benefits, job trainings, and job referrals to farmworkers. The Monitor Advocate system was founded in the early 1970's when a group of farmworkers represented by the NAACP filed a lawsuit because they were only provided with agricultural job leads by state job service agencies. The case went all the way to the Supreme Court, which mandated Monitor Advocates.



Photo courtesy of the Mixteco/Indigena Community Organizing Project (MICOP)

Today, the National Farmworker Jobs Program helps farmworkers and their families achieve economic self-sufficiency through job training and other related services. You may want to contact your local Monitor Advocates, as they may have valuable information about the farmworkers in your service area.

For more detailed legal information, as well as an analysis of bills that affect farmworkers, visit Farmworker Justice at www.fwjjustice.org or call (202) 293-5420.



CULTURAL SENSITIVITY

Cultural Humility

Traditionally, cultural competence has been associated with learning about the history, background, and experiences of a specific cultural, racial, and/or ethnic group. Underlying cultural competence is the assumption that a finite body of knowledge about a particular group of people, like farmworkers, is necessary for responding to an individual's health needs in a culturally appropriate manner. Yet, the belief that you reach complete cultural proficiency can be limiting and unrealistic; it's impossible to truly understand every element, practice, and belief of a person's culture. After all, tremendous diversity exists within cultural, racial, and ethnic groups; variations can arise based on personal experiences due to gender, sexual orientation, social economic status, etc.¹⁸ Furthermore, culture is always changing and is not static.

Given this reality and because you're a health outreach professional, it's a good idea to familiarize yourself with the idea of *cultural humility*. This approach can help you overcome any cultural competence limitations; it is a way for you to provide optimum care to diverse persons by engaging in intercultural exchanges that require humbleness, self-reflection, and self-assessment. As Tervalon and Murray-Garcia describe, "Cultural humility is a commitment to becoming lifelong learners, reflective practitioners and redressing the power imbalances in the patient-provider dynamic."¹⁹ It should also help you avoid potentially stereotyping other cultures; the concept emphasizes the internal investigation of your own beliefs, life experiences, and perspective to truly understand cultural differences. Through this self-examination and reflection process, cultural variations become more apparent and easier to acknowledge and accept.²⁰



Photo courtesy of the Jarana Dancers of Marin County, CA

Learn more about cultural humility in the Spring 2008 issue of HOP's Outreach Newsletter, available at www.outreach-partners.org.

Relevance in the Health Care Setting

When farmworkers access health care services, providers have the responsibility to provide a mutually respectful medical encounter. Understanding cultural beliefs, practices, and dynamics should enable service providers to more appropriately help farmworkers patients. While service providers can empower themselves by learning about some elements of the local farmworker cultures, it is not the only strategy they should employ. Self-reflection can be a crucial step, and

¹⁸ Hunt, Linda M. (2001) "Beyond Cultural Competence, Applying Humility to Clinical Settings." *Bulletin*. <http://www.parkridgecenter.org/Page118.html>. Accessed August 2007.

¹⁹ Tervalon M. and Murray-Garcia J. (1998) Cultural humility versus cultural competent: a critical distinction in defining physician training outcomes in multicultural education. *J Health Care Poor Underserved*; 9(2):17-25.

²⁰ See ii.



lead to a shift in attitude and eliminate preconceived notions about a farmworker's culture. Providers and outreach staff are encouraged to learn more about their local farmworker cultures by engaging in a respectful dialogue with their farmworker clients; ask them specific questions that allow for the exploration of similarities and differences between the provider/outreach staff and the farmworker client.²¹

An Exercise in Self-Reflection

The following questions can help you practice the self-reflection needed to accomplish cultural humility. Try to make a routine habit of asking yourself these questions within your daily outreach activities. It is an easy step to acknowledge the cultural differences that exist between you and the farmworkers in your service area. As previously discussed, try to examine how a culture is divergent from your own without judgment; this will help place you in the right frame of mind for humble and respectful inquiry of another person's cultural beliefs and practices. Consider asking yourself the following:



- 1) What are my cultural beliefs?
- 2) What are my family's beliefs and values?
- 3) What is my personal culture/identity? (ethnicity, age, experience, education, socio-economic status, gender, sexual orientation, religion)
- 4) Am I aware of my personal biases and assumptions about people with different values than my own?
- 5) Do I consider my values to be representative of the population at large?
- 6) Can I describe a time when I became aware of being different from other people?²²

Cultural Competence

There is a distinction between cultural humility and cultural competence. While cultural humility is an approach for acknowledging cultural differences between other people and ourselves, cultural competency is an ongoing process of acquiring skills, knowledge, attitudes, and protocols for enabling effective cross-cultural interactions. Cultural competence helps individuals respond with respect and empathy to people of all cultures, classes, races, religions, and ethnic backgrounds. In addition, it recognizes, affirms, and values the worth of individuals, families, and communities. To deliver health services to farmworkers in an effective and culturally proficient manner, health systems should encompass the following:

²¹ "Are you practicing Cultural Humility? – The Key to Success in Cultural Competence."
<http://www.cahealthadvocates.org/newsletter/2007/04/humility.html> Accessed August 2007.

²² See ii.



- Understand our own cultural background;
- Acknowledge and learn about different farmworker cultures, value systems, beliefs, and behaviors;
- Speak farmworker languages or use a trained interpreter when communicating with farmworkers;
- Recognize that cultural difference is not synonymous with cultural inferiority; and,
- Adapt health care delivery to an acceptable cultural framework.

Cultural Competence and Health Care

By respecting cultural differences, you can help create trusting relationships wherein farmworkers feel accepted and understood by outreach staff. Respect is the key concept to remember when interacting with another culture. An outreach worker who spends the time to get to know farmworkers, demonstrates empathy, and respects cultural realities different from their own can build extremely positive professional (and sometimes personal) relationships. This type of relationship-building approach can encourage open, honest communication, which is the first step for learning how to best meet farmworker health care needs. A farmworker will probably be more inclined to share their personal medical histories with a provider or outreach worker if trust is established. Likewise, if a farmworker feels understood and respected by provider/outreach worker, they may be forthright about behaviors impacting their overall health.



Photo courtesy of Finger Lakes Migrant Health Care Project, Inc.

Some organizations may try to address cultural competency by employing health outreach workers, either fluent in farmworker languages (like Spanish), or with a farmworker background. You may find other organizations that emphasize linguistic competence by translating marketing brochures into the languages of the target group; others use ethnic-specific role models in print materials. There are many strategies you can utilize to improve the cultural competency of the outreach services offered to farmworkers in your service area.

However, it's important to recognize that there is always more you can do to improve or refine your cultural competency attitudes, skills, and practices. Consider implementing annual/semi-annual cultural competency trainings to sharpen your skills. By preparing your staff to be increasingly sensitive to the unique needs of underserved farmworker populations, they will ultimately help meet the needs of the farmworker population in an understanding and respectful manner.



Recommended Standards for Culturally and Linguistically-Appropriate Health Care Services

Based on an analytical review of key laws, regulations, contracts, and standards currently used by federal and state agencies and other national organizations, cultural and linguistic health care guidelines were produced for the U.S. Department of Health and Human Services and the Office of Minority Health. Highlights of the recommended standards (presented in the preamble of the publication *Assuring Cultural Competence in Health Care: Recommendations for National Standards and the Outcomes-Focused Research Agenda*) are listed below.²³ While these standards were developed for federally-qualified migrant and community health centers, non-health center organizations should consider implementing the standards to better satisfy the cultural and linguistic needs of farmworkers in their areas.



Culture and language have a considerable impact on how patients access and respond to health care services. To ensure equal access to quality care by diverse populations, health care organizations should:

- 1) Promote and support the attitudes, behaviors, knowledge, and skills necessary for staff to work respectfully and effectively with patients as well as each other in a culturally diverse work environment.
- 2) Have a comprehensive management strategy to address culturally and linguistically-appropriate services, including strategic goals, plans, policies, procedures, and designated staff responsible for implementation.
- 3) Utilize formal mechanisms for community and consumer involvement in the design and execution of service delivery, including planning, policy making, operation, evaluation, training, and as appropriate, treatment planning.
- 4) Develop and implement a strategy to recruit, train, retain and promote qualified diverse and culturally competent administrative, clinical, and support staff that are trained and qualified to address the needs of the racial and ethnic communities being served.
- 5) Require and arrange for ongoing education and training for administrative, clinical, and support staff in culturally and linguistically-competent service delivery.
- 6) Provide all clients with Limited English Proficiency (LEP) access to bilingual staff or interpretation services.

²³ U.S. Department of Health and Human Services, Office of Minority Health. (2000). “Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda.” <http://www.omhrc.gov/clas/finalpo.htm>. Accessed November 16, 2007.



- 7) Provide oral and written notices, including translated signs at key points of contact, to clients in their primary language that inform them of their right to receive interpreter services free of charge.
- 8) Translate and make available signs and commonly-used written patient educational materials for members of the predominant language groups in service areas.
- 9) Ensure that interpreters and bilingual staff can demonstrate bilingual proficiency and receive training that includes the skills and ethics of interpreting and knowledge in both languages of the terms and concepts relevant to clinical or non-clinical encounters. Family or friends are not considered adequate substitutes because they usually lack these abilities.
- 10) Ensure that the clients' primary spoken language and self-identified race/ethnicity are included in the health care organization's management information system, as well as any patient records used by providers.
- 11) Use a variety of methods to collect and utilize accurate demographic, cultural, epidemiological and clinical outcome data for racial and ethnic groups in the service area, and become informed about the ethnic/cultural needs, resources, and assets of the surrounding community.
- 12) Undertake ongoing organizational self-assessments of cultural and linguistic competence, and integrate measures of access, satisfaction, quality, and outcomes for culturally and linguistically appropriate services into other organizational internal audits and performance improvement programs.
- 13) Develop structures and procedures to address cross-cultural ethical and legal conflicts in health care delivery and complaints or grievances by patients and staff about unfair, culturally insensitive or discriminatory treatment, or difficulty accessing services, or denial of services.
- 14) Prepare an annual progress report documenting the organization's progress with implementing cultural and linguistically-appropriate services standards, including information on programs, staffing, and resources.²⁴



*Photo courtesy of Yolo County Health Department
Maternal Child Adolescent Health Program*

²⁴ See vi.

Understanding Farmworkers' Culture in Your Community

You may want to informally observe farmworkers to learn about some previously unnoticed cultural nuances. Your key to success is maintaining an open and explorative mind. As an outreach worker, you should strive to learn and understand some key cultural elements of your community's farmworkers. This important first step will better equip you with the knowledge needed to deliver culturally-appropriate and responsive outreach services to farmworkers.

To understand more about specific cultural traits of the farmworkers in your area, simply ask questions to individual farmworkers or knowledgeable people who've worked closely with farmworkers about the farmworker culture(s) in your community. Consider the following:

- **Language:** As a professional outreach worker, farmworkers will typically treat you with a tremendous amount of respect. You should reciprocate by asking if there is a preferred language within your farmworker population. Do not assume that they cannot understand English. Strive to use the formal "you" in the farmworker's preferred language as well. For example, use the "*usted*" form when speaking to farmworkers in Spanish.
- **Literacy:** It's not only the ability to read and write; literacy also applies to the years of schooling mastered, or the level of functional literacy. For instance, some farmworkers may be able to read aloud, but not understand what they just read. Do not assume that farmworkers can read and write in their preferred speaking language. Some farmworker languages (especially indigenous languages, such as Mixteco and Triqui), are not commonly written. There are techniques for determining if a person is illiterate without making them uncomfortable by asking directly (see *Chapter 8: Health Education Fundamentals*).
- **Male-Female Interaction:** When conducting health outreach, always use caution when approaching members of the opposite sex. For some cultures, just being in the same room with a member of the opposite sex is unusual and stressful. In extreme cases, this can even be interpreted in a sexual context. You should learn about the gender roles and expectations within a farmworker's family and social network. Understanding these gender roles may help you appreciate how to best connect with farmworkers in your community.
- **Perception of Time:** The concept of time can significantly differ between cultures. Punctuality may not be of monumental importance to the farmworkers in your community. Many people from Latino cultures have what might be called a "global" or "indefinite" sense of time, rather than an exact sense of the day and hour when it comes to making and keeping appointments.
- **Perceptions of Illness and Medicine:** You may learn that some farmworkers in your service area do not embrace western medicine. Rather, they prefer "traditional" medicine or homeopathic treatment because of their cultural heritage. There may be cases where spiritual beliefs are directly tied to farmworkers perceptions of illness and medicine; in fact, they may be more comfortable with an herbalist, *curandero*, or healer than a service provider.



Although you may disagree with farmworkers' beliefs in supernatural and psychological causes of illnesses, you should never discount the patient's opinion.

- ***Sensitive Topics:*** Many topics discussed openly in the United States could be considered inappropriate for audiences in other cultures. If you plan to conduct a health education session, for example, be sure to find out if your presentation is suitable for everyone present. Before presenting about a sensitive topic, be sure to inquire about the community's comfort level discussing the subject matter. Also consider your relationship and rapport with the community as well as the timing of introducing a sensitive topic.
- ***Farmworker Pride:*** Farmworkers are quite proud of their occupation. Although they will acknowledge frequent hardships and needs, farmworkers do not pity themselves. Rather, they take pride in doing the physical labor others are incapable of, and feel a sense of accomplishment in helping to feed a nation. Despite the low wages, their work usually supports a family financially, either in the U.S. or abroad.

Farmworker Lifestyle Considerations

In addition to matters of culture, farmworkers lead very unique lifestyles as compared to other populations a health center may serve. It is always a good idea to take the following into consideration when conducting outreach to farmworkers.

- ***Work Hours:*** During the prime harvesting times, some workers may work six to seven days a week for 10-12 hours a day. This poses a problem because outreach staff will have to determine appropriate times to reach out to farmworkers and invite them to participate in health education activities. Often a health educator may arrive at a camp or housing area ready to present, but find workers too tired or busy to spend time with them. It is important to maintain flexibility with scheduling health education lessons or outreach events.
- ***Work Conditions:*** Migrant and seasonal farm work is extremely labor intensive. You may think it's wise to do health screenings in the field or a packinghouse; however, this may prove to be an impossible task once you arrive onsite. Many farmworkers may not have the interest or energy to participate because of the long hours and intense physical labor.
- ***Camp Dynamics:*** No two camps are alike. As you become more familiar with your service area, you may notice factions or divisions drawn along familial, geographical, or racial/ethnic lines. Take these into account because they can be helpful or harmful. Most groups also have informal leaders; it helps to identify these people.
- ***Transportation:*** Many farmworkers do not have transportation. Others may have access to transportation during certain days or times. If outreach events do occur outside the camp, be sure to always find out if everyone has access. If they do not, attempt to make transportation arrangements. Research public transportation options, consider helping farmworkers organize a carpool, or find out if some local social service agencies would be willing to offer transportation services to accommodate farmworkers in the area.



- **Families and Childcare:** Many farmworkers have families and young children that require childcare. After a long day at work, farmworkers tend to their families. If childcare isn't offered, it is difficult for a farmworker family to break away from their home to attend a health education session. The children are their priority, and if childcare is not available, one of two things could happen: they either bring the children to the health education sessions or they will not attend. Sometimes it is perfectly acceptable to welcome entire families to educational sessions; at other times, this isn't advised because the subject matter may not be appropriate for children.

A Last Cultural Tip

The more you understand about a person's culture, the more you can begin to realize how strong a force it is. Outside of some very academic attempts, there are few explanations of the bases of many things within a culture. It is important, therefore, to accept and know some background that influence a culture:

- The culture of a person whom you are working with is as valid as your own.
- There are several aspects of other cultures you will never understand.
- Within a culture, there are individuals who have their own "personal culture."
- Even if you have a grasp of working with people from another culture, you may often feel uncomfortable because individuals may not feel at ease with you. In other words, learn to feel comfortable being uncomfortable.
- Never assume anything about a farmworker; you will be surprised every day.

Remember, you learn from experience. Observe and integrate with the farmworkers you reach. When situations arise you do not understand, ask others for advice. Better yet, ask the farmworkers for their opinion. If you are committed and take the periodic uncomfortable situations in stride, you will continue to provide better services to farmworkers.



Photo courtesy of the Mixteco/Indigena Community Organizing Project



MORE RESOURCES FOR UNDERSTANDING FARMWORKERS

To provide the best possible services to farmworkers, this chapter has encouraged you to learn as much as you can about them. Although this manual is intended to provide a head start to health professionals striving to improve services to farmworkers, it is by no means exhaustive.

Regional differences in farmworker lifestyles, demographics, and needs make it necessary for service providers to conduct additional research about the farmworkers in their respective areas to provide relevant and targeted services. For instance, you should try to understand which seasons farmworkers are more active in your community, and educate yourself using regional agricultural information.

It is also critical to know where farmworkers live and work in your service area. Hopefully, your organization has county maps highlighting the principle farmworker camps. If not, consider asking other local agencies for assistance. If nothing is available, contact the Department of Transportation or try a local bookstore to find a page-by-page state map. Once you have the proper materials, you're ready to create a farmworker-housing map. See *Chapter 5: Needs Assessment* for more information on community mapping activities.



Another great way to learn and understand farmworkers in your region is by networking with other local farmworker-serving organizations. Contact your local Head Start, Migrant Head Start, Migrant Education, public health department, domestic violence shelter, etc. Perhaps a migrant coordinating committee or a migrant advisory council operates in your area. These committees can offer a plethora of information and important contacts. Obviously, the best resource to learn more about farmworkers is the farmworkers themselves; meet and talk with them often.

If you'd like to read an in-depth overview regarding the lifestyle of farmworkers, try the book *With These Hands: The Hidden World of Migrant Farmworkers Today*, by Daniel Rothenberg (1998). It provides a highly insightful and fascinating glimpse into the lives of farmworkers living in the United States.

Throughout your outreach career, determining the needs of farmworkers and how to best deliver health services to them will be an ongoing process. Remember: avoid creating cultural barriers between yourself and farmworkers. You will be providing important services and act as an advocate for them; however, these farmworkers should feel that their language(s), culture(s) and health status are respected at your organization. If you can do this, then you create a healthy environment to address health prevention, treatment, and change!



CHAPTER 2:

MAXIMIZING YOUR RESOURCES



Photo courtesy of Beaufort-Jasper Comprehensive Health Services, Inc.

In this chapter you will find...

- **Getting Started in Outreach**
- **Understanding Roles: The 7 Hats of Outreach**
- **Being Prepared: HOP's Magic Trunk**
- **Identifying Existing Resources**
- **Enlisting Volunteers**
- **Collaboration and Technical Assistance**

INTRODUCTION

Chapter 2: Maximizing Your Resources explores a variety of community resources available to your outreach program and offers strategies to help you identify and utilize them. We begin by defining outreach and reviewing HOP's guidelines for a successful outreach program. Next we examine who the key members of your outreach team are and what roles they can play. Then we ask you to look internally, as we suggest resources your outreach program may already have and highlight techniques for uncovering them. The remaining sections of the chapter focus on external resources your program can use to maximize efficiency and effectiveness. This process begins at the community level, where you will learn approaches for identifying and collaborating with community partners with a special focus on volunteers and farmworker-serving organizations. The chapter concludes with a list of technical assistance and support organizations serving farmworker outreach programs like yours.

In order to address these different components of “Maximizing Your Resources,” we have separated the chapter into the following sections:

Getting Started with Outreach	2-3
Understanding Roles: The 7 Hats of Outreach	2-7
Being Prepared: HOP's Magic Trunk	2-10
Identifying Existing Resources	2-12
Enlisting Volunteers	2-19
Collaboration & Technical Assistance	2-22

How Can HOP Assist You Further?

If you would like more information on these topics, please visit www.outreach-partners.org and click “contact us.”

Specifically, HOP can help you:

- Identify resources within your organization and community
- Develop objectives and action steps to guide your work with community partners
- Establish or participate in a farmworker coalition
- Effectively position your outreach program for private funding



GETTING STARTED WITH OUTREACH

Outreach is an extremely important component of any farmworker-serving organization. But before your organization invests time and energy into its outreach program, you and your organization need a clear understanding of the basics of outreach. In this section, we will introduce you to HOP's philosophy on outreach and describe how outreach fits within the larger community context.

What is Outreach?

Outreach is a remarkably effective way to connect difficult-to-reach populations with health and social services. Through outreach, your team can bring a variety of services to farmworkers where they work, live, and congregate. Activities for increasing access to care can include providing clinical assessments, delivering health education sessions, offering referral services, and organizing health fairs. Outreach improves patient follow-up, long-term care management, and reduces health needs. Outreach not only treats existing health issues for farmworkers, but also provides preventative health education and services that positively alter farmworkers' health. Using outreach to connect with farmworkers is particularly pertinent because of their transient nature, isolation issues, and barriers to health care.

Outreach programs take a variety of forms; some programs last only for one season while others are year-round. An outreach program can place clinicians in the field, use outreach workers to conduct health screenings, or train lay health promoters to educate their peers. Regardless of what model your program uses, when you provide enabling and education services to farmworkers it can be considered outreach.



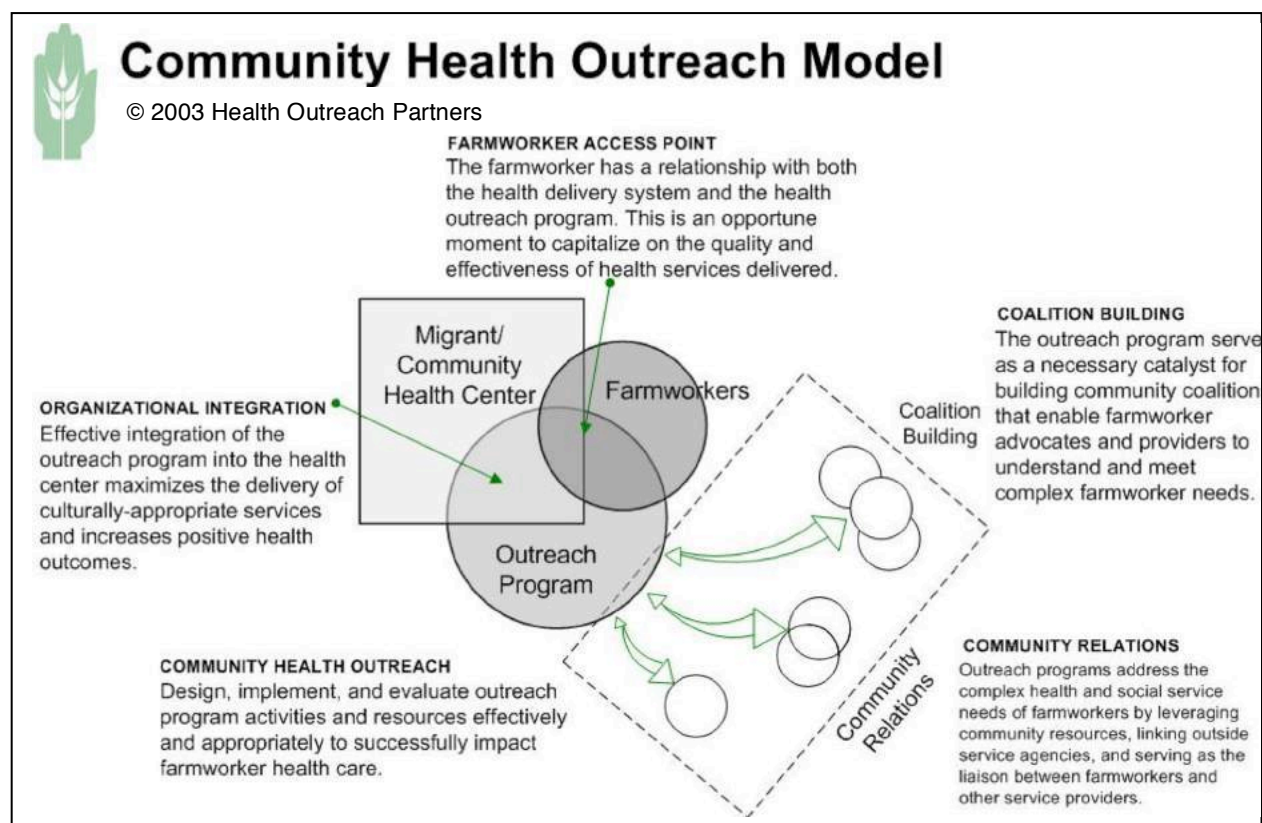
HOP defines outreach as a process of improving the quality of life for farmworkers by:

- Facilitating access to quality health care and social services
- Providing health education
- Bringing linguistically and culturally responsive health care to farmworkers
- Helping farmworkers become equal partners in their health care
- Increasing community awareness to the presence of farmworkers



How Outreach Fits into the Community

HOP developed the Community Health Outreach Model (CHOM) as a guide for the design, development, and implementation of an ideal community health outreach and services program that aims for 100% health care access and zero health disparities. The model is a visual representation of the community within which a health delivery system functions, the health outreach program within that health delivery system, the farmworker community, and various other community stakeholders and agencies and how they can effectively interact with one another. The CHOM can provide a helpful framework for understanding and implementing HOP's unique vision of a community health outreach program.



Farmworker Health Outreach Program Guidelines

The following Farmworker Health Outreach Program Guidelines are suggested strategies for delivering health outreach services to farmworkers. Originally based on HOP's expertise and experience in farmworker outreach, these guidelines were further developed by a national review panel comprised of professionals in the farmworker health field. Consult these recommendations as you develop objectives for your outreach program. Seven guidelines are described below, each one with a set of suggested corresponding action steps.



1. *The Farmworker Outreach Program will serve as a liaison between the migrant/seasonal farmworker populations and the health/social service delivery systems.*
 - Inform and educate farmworkers about available health and social services.
 - Identify access barriers to health and social services.
 - Facilitate access and communication between farmworkers and other agencies in the local health delivery system and local community at large.
 - Assist farmworkers with access to services throughout their migration.
2. *The Farmworker Outreach Program will share health information and provide health education services based on teaching methods that have demonstrated effectiveness within the farmworker population. This includes consideration for ethnic, cultural, educational, linguistic, and literacy factors for farmworkers.*
 - Identify risk factors for communicable and environmental diseases, occupational illnesses, and injuries.
 - Assess health education needs as identified by the farmworker population.
 - Disseminate information to increase farmworker access to health education.
 - Promote health behaviors, illness prevention, and early detection of acute illnesses.
 - Play a key role in helping farmworkers manage chronic illnesses.
3. *The Farmworker Outreach Program will take the lead in coordinating primary health care for the farmworker population and facilitate access to social services as necessary.*
 - Provide basic screenings.
 - Determine and prioritize farmworker needs.
 - Make referrals based on needs to all members of the health and social services delivery system.



- Conduct ongoing follow-up activity to monitor client status and to provide support, coordination, and continuity of care.
- Track outcomes of interagency referrals.

4. *The Farmworker Outreach Program will take the lead in coordinating basic counseling and mental health support for the farmworker population.*

- Facilitate and coordinate referrals to mental health services and programs.
- Provide encouragement and support.
- Facilitate the creation of farmworker support groups to promote mental health education and encouragement by peers.
- Promote self-care management activities.



Photo courtesy of Blue Grass Farmworker Health Center

5. *The Farmworker Outreach Program will advocate on behalf of the individual and farmworker population.*

- Document and share unique health conditions, trends, and issues impacting the health and wellbeing of the farmworker population at the local, state, and national levels.
- Evaluate current health and social service delivery systems and make suggestions for improving access for farmworker clients.
- Assist with the development and improvement of information systems to document farmworker experiences, health outcomes, and continuity of care.
- Educate the community at large of the unique contributions made by farmworkers.

6. *The Farmworker Outreach Program will include a clinical component to meet the basic health care needs of farmworker populations.*

- Coordinate clinical outreach with nurses, physicians, dentists, and hygienists.
- Organize outreach events where clinical services can be provided at health fairs, schools, daycares, migrant camps, and mobile units.
- Assist clinicians in the provision of basic health screenings and preventative care.
- Provide and coordinate activities for follow-up care as needed by farmworker clients.

7. *The Farmworker Outreach Program will develop community networking and collaboration through outreach efforts.*

- Conduct marketing and community relations for your organization.
- Create community awareness about farmworker lifestyles, contributions, and needs.
- Lead in the coordination of health outreach services to farmworkers in the local health delivery system.
- Promote and coordinate large-scale events such as health fairs, etc.



UNDERSTANDING ROLES: THE 7 HATS OF OUTREACH



One of the more challenging tasks for an outreach worker is to define exactly what you do on a day-to-day basis. As an outreach worker, it is necessary to wear many different hats; your job functions can change from month-to-month, week-to-week, and day-to-day. For example, you may conduct a health education presentation in the morning; then in the afternoon you may find yourself screening farmworkers' vital signs at a camp. One thing you inevitably will be is a voice for your community. Try pausing to reflect on your roles and responsibilities as an outreach staff person and consider how well this is represented in your existing job description; compare your job description to the seven roles listed below. Regardless of your exact job title, think of your role as encompassing aspects of each of the following:

Hat #1: Ally

As an ally, an outreach worker bridges the gap between local farmworkers and the available health and social service agencies. An ally knows about the farmworker's special needs as well as who can meet those needs. An ally is also aware of services available to farmworkers and how to overcome barriers (like language, culture, and transportation) that farmworkers often face.

Hat #2: Advocate

If a time arises when farmworkers are unavailable to speak for themselves, an outreach worker can act as an advocate on their behalf and outline specific needs or requirements. This should be conducted with sensitivity and extreme caution so that you do not jeopardize the farmworkers' safety, job status, or compromise the farmworkers sense of safety and security.

Hat #3: Educator

As educators, outreach workers can provide information and facilitate discussion on health concerns facing the farmworker population. Building upon existing knowledge, outreach workers can answer questions, host health education events, and work towards behavior change with farmworkers.

Hat #4: Service Provider

An outreach worker brings medical and social services directly to farmworkers by facilitating health fairs, screenings, and mobile health unit services. Outreach workers can also act as an outlet for farmworkers' grievances and frustrations, using their outsider status to offer perspective and provide compassion and friendship.

Hat #5: Trainer

Outreach workers often work closely with other outreach workers, clinicians, medical students, and agency personnel. In addition to informing them about farmworkers' special needs, outreach workers can train these professionals to work more effectively with farmworkers. An outreach worker can help others accomplish their jobs more effectively by helping them access resources, demonstrating innovative teaching methods, or introducing them to the farmworker community.



Hat #6: Community Organizer

When outreach workers act as community organizers, they bring together individuals from a variety of different organizations, institutions, and backgrounds to jointly act in a common interest. As a community organizer, you will be able to coordinate social movements by tapping into and mobilizing your network of individuals and organizations.

Hat #7: Coordinator

Outreach workers regularly need to coordinate and consolidate the services available to farmworkers. By offering referral services to local health and social service agencies, you can bridge the gap between farmworkers and these agencies, as well as help establish structures that will unify these services in a comprehensive and cohesive manner. This can lead to the development of much needed programs and resources, including: advanced outreach programs, resource directories for farmworkers, farmworker housing maps for the clinic, outreach worker trainings, etc.

Combining the 7 Hats

Eventually you will learn to wear all of these hats and more! It is important to remember that your ability to fulfill all of these roles will improve over time. You will become a more effective ally as you learn more about the social services in your area. You will become a more informed advocate as you meet more farmworkers. Your ability to educate and train others will grow as you learn more about what farmworkers need to know. And you will become a better service provider when you have learned to coordinate existing skills and services more efficiently.

Also remember that the role of an outreach worker is not limited to those outlined above. Every outreach program has different goals and structures which will influence the roles an outreach worker plays. Remember to identify and quantify your role within your outreach program. On the next page are the seven different “hats” identified above, as well as some blank hats for you to customize based on your particular situation. After adding your new hats, allot the appropriate percentage of time you feel should be spent on these tasks.

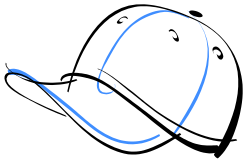




The Many Hats of an Outreach Worker

Below are the seven hats of an outreach worker. Reflect on your own unique roles and responsibilities within your outreach program and assign a percentage of time for each role, or hat. Try to also think of activities that you do within these roles and list them. You'll notice there is space to create you own hats if some of your responsibilities are not captured in these seven hats.

The Ally



Percentage of Time: _____

Activities: _____

The Advocate



Percentage of Time: _____

Activities: _____

The Educator



Percentage of Time: _____

Activities: _____

The Service Provider



Percentage of Time: _____

Activities: _____

The Trainer



Percentage of Time: _____

Activities: _____

The Coordinator



Percentage of Time: _____

Activities: _____

The Community



Percentage of Time: _____

Activities: _____

Create your own



Percentage of Time: _____

Activities: _____



Percentage of Time: _____

Activities: _____



BEING PREPARED: HOP's MAGIC TRUNK

Maximizing resources starts with the most important resource of all – YOU! As an outreach worker, you can prepare yourself for many situations while out in the field. To help prepare you for these day-to-day situations, we've developed the Magic Trunk.

Outreach workers encounter numerous situations in the field; health education opportunities, health screenings, and social service referrals can occur at anytime. When an outreach worker steps into the field, they should be prepared to use every available opportunity to educate and serve the farmworkers in their community. HOP believes that if outreach workers are carrying the materials within the “Magic Trunk,” they will be able to take advantage of opportunities at any given moment. If your vehicle's trunk has these materials, you will be ready to facilitate an HIV/AIDS health education activity or host a blood pressure screening, even if you only left the health center to distribute flyers.

Suggestions on what the outreach workers' trunk could include are on the following worksheet. Be sure to add any additional materials your program may need.

Remember, a well-prepared outreach worker is an effective outreach worker!



THE MAGIC TRUNK

Suggested contents for an ultra-prepared outreach worker's trunk

Portable Filing Cabinet:

Because they're going to ask you...

Health education/info/flyers on a variety of topics including:

Back pain
Blood pressure/hypertension
Diabetes
HIV/STDs
Pesticides
Dental health
Over the counter meds/vitamins
Prenatal care/birth control
Dehydration, TB, etc.
Any other topics important to your community

The Administrative Paper Stuff

Flyers about the health center and its services
Appointment-making slips or appointment cards
Health center stationery and envelopes
Financial forms
Encounter forms, etc.
Outreach worker business cards
Scanner/digital camera
Vouchers for social services
Map to chart camp locations

Health Education Items:

Flip charts of various health topics
Grab bags and demo items
Homemade props
Basketball or soccer ball
Posters

Health Bag:

The screening necessities

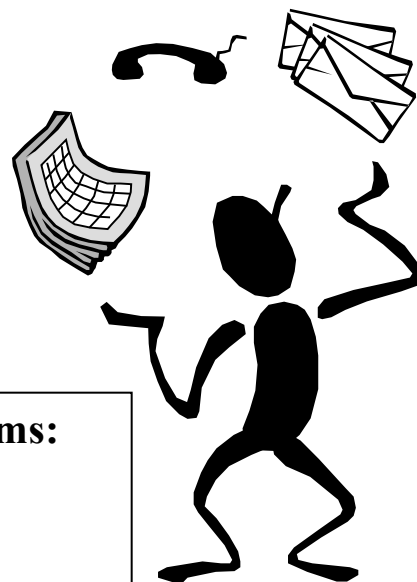
BP cuff
Stethoscope
BP cards
Glucometer
Test strips
Alcohol preps
Lancets
Cotton balls
Band-Aids
Sharps container
Gloves
Gauze
Thermometer
Stickers
Ace bandage

Other Suggested Items:

Condoms
HIV tests
OTC empty containers
Farmworker pocket directory
The outreach worker's "little black book" of resources
Food bank items/clothes

Other Helpful Items:

Cell phone
Flashlight
Water
Hand sanitizer
Sunscreen/ bug spray
Health center ID badge
Portable chairs



A prepared outreach worker is an effective outreach worker!



IDENTIFYING EXISTING RESOURCES

Ideally, you already have plenty of resources available within your organization that will help you perform your outreach duties with confidence and relative ease. Many resources will be evident, such as outreach activity logs, health center brochures, community maps, and local agricultural calendars. However, there may be times when you feel your organization could benefit from particular information or tools to increase its capacity to conduct outreach to farmworkers. Rather than request additional funds from your director, you may find the resources you need right under your nose; you just need to know where (and how) to find them.

In this section, we will examine a variety of ways you can identify and utilize the resources already in existence within your organization. Not only will you help your organization save money, but learning how to best make use of these inventive resources will demonstrate your resourcefulness and commitment to continually improving outreach services to farmworkers.

Interviewing Current and Past Outreach Workers/Managers

The best assets for any organization are its staff and employees. It is likely that there are current or former outreach staff within your organization willing to share valuable information about the farmworker population you serve. Inquire about these individuals and ask them if they would be willing to answer a few questions. Contacting former outreach staff and management from your organization can also be a wise and strategic step as you orient yourself within your outreach program. After making sure that it is okay with current program management, ask a former staff member if they would be willing to speak with you about the program and resources they are familiar with.

Even if you're unable to speak with current and former outreach workers from your organization, there are still other options. Take the time to learn about other farmworker-serving organizations in your community, such as Migrant and Seasonal Head Start agencies, Rural Legal Services, or churches. Many of these programs already have established ties to the local farmworker community. The following questions can also be tailored to address interviewees from other organizations.



*Photo courtesy of Watauga Medical Center
Farmworker Health Program*





As you talk to former employees, outreach workers, and other knowledgeable individuals, use the following questions to guide your conversation and add others as you wish:

- 1) What types of health issues should I be most aware of among the local farmworker population? Do you think these health issues are becoming any more or less severe?
- 2) How would you recommend I organize my daily and weekly outreach activities to be most efficient and effective?
- 3) Where did you have the most success with your outreach efforts? (What time of day, day of the week, month of the year, etc.?)
- 4) What local farms are most receptive to outreach?
- 5) What internal resources did you find most useful in providing outreach services to farmworkers and their families?
- 6) What was your method of planning and orchestrating major outreach events?
- 7) As a novice outreach worker in this community, what are some common mistakes I should avoid?
- 8) How did you achieve the outreach accomplishments for which you are most proud?
- 9) How would you recommend I develop a trusting relationship with the local farmworker population? Or with local growers?
- 10) What are some of the most common obstacles or challenges I should expect in attempting to reach the local farmworker population?
- 11) What are some reasons why farmworkers would not be receptive to my health outreach activities?
- 12) Are there any local advocates or community collaborative partners that you recommend I contact? Is there anyone else outside of my organization that I should contact who could help me conduct health outreach to farmworkers more effectively?
- 13) Were you ever involved with any collaborations or joint outreach activities? What type of activities were these, and how successful were they?



Paper Trails & Documentation

It is essential for outreach workers to continually build upon the work of the past. In many cases it will be easy for you to locate previous records from past seasons and outreach workers. This information may be found in either hard copy (documents, files, etc.) or soft copy (old emails, databases, etc.) formats. These tools will serve as a great starting point and will become vital resources as you update them yourself on a continual basis.

Types of documentation to locate include:

- **Timelines** – Many organizations create weekly, monthly, and/or annual calendars to track outreach activity progress, agricultural seasons, etc.
- **Protocols for Event Planning** – Look for past guidelines or procedures that detail the process for creating and implementing outreach-related activities.
- **Local Health Fair and Event Calendars** – Many of the community health events you'll attend occur on an annual basis. Find out if someone (either inside or outside your organization) has kept details about this information.



Photo courtesy of Benton County Health Department

- **Outreach Plans from Previous Years** – As you'll learn, all outreach programs should have an annual outline or plan. Looking at previous plans can help you gain valuable insight. If an outreach-specific plan isn't available, review the health care plan for relevant objectives and action steps.
- **List of Community Partner Contacts** – You should also seek out local collaborative partners to help you engage in farmworker outreach activities. Avoid duplicating someone else's efforts and see if you can discover which agencies your organization already has relationships with. Check to see if your organization has a directory of community partners with names, phone numbers addresses, and notes.
- **Maps of Your Services Area** - These tools may detail farmworker camps and/or housing sites (*see page 2-18 for more detail on community mapping*). If you cannot locate any maps



inside your organization, you can contact other agencies and inquire about their resources. Many groups such as job service or health departments may produce and distribute maps of farmworker residences. They may even employ outreach workers whom you can speak with to learn more about the local farmworker population.

- **Database of Past Outreach Events or Health Needs** – If your organization uses a database program to encapsulate outreach activities, scroll through the old records to learn about what transpired in your department before you arrived. Additionally, if information is available on farmworker health needs, consider obtaining those findings as well. Summary reports can be especially useful for gaining a “snapshot” of this information.
- **Needs Assessment Results** – If your organization has conducted appraisals of local farmworker sites, make sure to review those documents. Consider external sources as well; for example, Migrant and Seasonal Head Start agencies are mandated to conduct community needs assessments every few years.
- **Existing Reports on the Local Farmworker Population** – Any information you can find on the farmworkers within your service areas (demographics, addresses, worksite locations, etc.), whether produced internally or by an outside organization, should be reviewed. This may include a camp census in some cases.
- **Marketing Materials from Your Organization** – In all likelihood, your organization has produced some type of marketing material in the past in the form of flyers, handouts, or brochures to promote its outreach services.
- **Grants and Progress Reports** – Looking at grants your program has submitted in the past will give you an idea of how your program was designed and structured. Looking at progress reports will clue you in to the successes and failures of that design so that you can understand the changes necessary to create a more effective approach.



As a health outreach worker, information and data are key elements to the job. You need to create your own organizational tactics and processes. Many professionals compile their pertinent outreach information in binders or files; however, it’s up to you to develop a system that suits your needs. Remember, you are an asset to your organization, both now and in the future. Keeping close records of your fieldwork will allow future outreach staff to learn from your experiences as well.

IT Infrastructure

Another great resource for outreach comes in the form of information technology (IT). There are several IT systems already in place within migrant health clinics across the country. These systems provide organizational support and facilitate information sharing on farmworkers to both clinicians and outreach workers regarding patient health history and health needs, as well as demographic information.



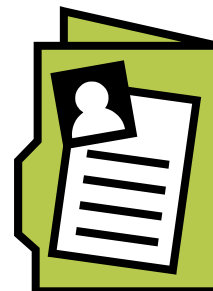
Specifically, databases and Excel tracking tools are great resources for outreach. As an outreach worker, it is in your interest to seek out any pre-existing systems, as well as innovations in IT as they arise. Both are great resources that can help break down barriers to health care access, thus increasing the quality of care for the farmworker population. Consider scheduling an appointment with your organization's IT contact in order to learn more about how these existing systems can be maximized for informing outreach services.

Management Information Systems (MIS)

Management information systems (MIS) enable better intra-organizational collaboration within migrant health clinics. While it can simply be described as the way a health organization uses computers to facilitate the treatment of patients, MIS is an umbrella term for all the information management techniques used by a health center. This can often include the database within a clinic (or system of clinics) that stores relevant data on all clients seen, from symptoms to treatments. In the best case, the health center's MIS includes a system of electronic medical records.

Electronic Medical Records (EMRs) & Personal Health Records (PHRs)

It is helpful to think of the EMR as an electronic “chart” for each patient, allowing a health center, and thus its clinicians, to access all of their clients' important health information based on their past visits to that clinic. Management information systems that include EMRs are a great way for satellite clinics and health centers to share information, saving valuable time that would have been spent physically transferring records. Also, if a mobile health unit can access EMRs in the field via satellite for their patients, they will not have to waste space and time loading charts. EMRs that are not managed by a clinic but instead by patients themselves, are called personal health records (PHRs), and are widely thought to be the wave of the future for all health organizations (even Google has a PHR platform!).



One very innovative spin on this system is the “worker-owned” personal health record (PHR) called MiVIA (Visitantes Información Acceso), geared specifically towards farmworkers. This system is password protected and allows only patients, or their designated representatives, to access and download their medical records. Although it is only presently utilized on a limited basis, if it is adapted nationally, MiVIA is likely to improve health outcomes for farmworker patients, while decreasing medical costs and time spent on administrative matters; most importantly, however, it will empower farmworkers to control their own personal information and health care. For more information, please visit mivia.org.

Both of these technologies (the EMR and the PHR) are especially useful when working with migrant and seasonal farmworkers, as these patients may not always be clear on their treatment history due to language barriers and the difficulty of keeping documents safe when they are constantly on the move. An EMR is helpful for patients seeking care at different clinic sites within the same health center, and a PHR, such as MiVIA, is ideal for migrant farmworkers who do not always return to the same communities or clinics from year to year. As an outreach worker, you can assure clients that just because they are missing documents, there may still be retrievable information regarding their health history. You can also find out how the farmworkers in your area can begin storing their records right now.



Registry

Many migrant health clinics utilize a clinic-wide registry system that documents (either electronically or otherwise) all of the past diagnoses, treatments, and services recorded for a patient with a specialized need. It can also be used to track the numbers of patients with a certain condition. Unlike the EMR, these registries usually track all of the records for just one particular condition, or type of service, such as immunizations. With the use of the immunization registry, farmworker children run a much lower risk of missing or doubling up on immunizations because they are no longer required to carry immunization records. Other specific registries exist as well, such as CAN-track, a cancer-specific tracking system which enables better cancer treatment for patients and more networking and information resources for rural health centers.



Photo courtesy of Clinicas del Camino Real, Inc.

This tracking system can be invaluable in treating mobile patients with chronic conditions, giving clinicians the past and current information needed to provide the best care possible without requiring patients to carry physical documentation. Again, migrant farmworkers are constantly on the move, making it difficult for them to keep track of important medical documents. Therefore, a database that can keep track of one condition (such as birth defects or diabetes) for either a regional group of clinics, or even internationally among numerous clinics like CAN-track, makes it possible for patients with chronic diseases to receive more consistent care. Because these systems are fairly new, there are some HIPAA considerations involved. Outreach staff should consult with their organization's policy on registry systems.

Telemedicine

In addition to the use of technology for managing patient records, some health centers are employing techniques in telemedicine for clinical interactions. While this can be as simple as two providers in different locations conferring over the phone about the best treatment for a patient, the prospects for telemedicine are almost endless. Most commonly, this practice utilizes satellite technology and video-conferencing equipment to conduct real-time consultations with medical specialists¹ who are physically unavailable. In the farmworker health context, this can be a great asset to mobile health units (MHUs), whose providers can examine patients on camera, which is then transmitted via satellite to a specialist who would otherwise have little access to rural farmworker patients. Because transportation is one of the largest barriers to care for farmworker patients, this technology will be extremely beneficial once widely implemented.

¹ Wikipedia: Telemedicine. <http://en.wikipedia.org/wiki/Telemedicine>, accessed 04/17/08.



GIS Mapping

Another IT innovation for outreach programs is the utilization of geographic information systems (GIS) for community mapping. While Chapter 5 will further delve into community mapping as a part of conducting your needs assessment (see page 5-23), a GIS can help organize your collected farmworker data. It is a coordinated collection of computer hardware, software, data, and personnel designed to manage, capture, and display all forms of geographically referenced information². While this system is extremely helpful, it can also be costly. Think about working with local universities or investigating new grant opportunities in order to meet increased costs.

→ See the Spring 2007 issue of HOP's *Outreach Newsletter* on our website, or www.gis.com for more information on GIS Mapping.

Clinics, researchers, and outreach workers benefit tremendously from IT resources, especially registries and EMRs/PHRs. Through access to important data on migrant and seasonal farmworkers, IT services enable staff to track trends within the population, and tailor outreach efforts to the most current issues for farmworkers. These systems also allow clinics and clinicians to evaluate how well they address a specific health issue and make improvements. As an outreach worker, you can see which systems the clinics in your health center are utilizing and determine how you can access them.



Photo courtesy of Roanoke Chowan Community Health Center

² Wikipedia: GIS. <http://en.wikipedia.org/wiki/GIS>, accessed 04/17/08.



Enlisting Volunteers

Volunteers are an excellent way to strengthen an outreach program while staying within the limits of a tight budget. There are a number of ways volunteers from your community can be utilized within an outreach program. Outreach volunteers can provide office support such as data entry, filing, or answering phones; they can also assist with a needs assessment, sit on an advisory board, and review materials for cultural appropriateness. However, having a ready and willing group of volunteers isn't a simple process. In this section, we'll examine different types of volunteer programs, the advantages and disadvantages of a volunteer staffing model, and how to ensure that your volunteer program is mutually beneficial for your program and volunteers. Depending on your program's needs, there are several volunteer models to consider:



Photo courtesy of the Marin Health Fair

Short-Term Volunteers

A project-based program will employ volunteers for help with a single activity or event. For example, an outreach program may decide to recruit three volunteers to help during an annual health fair. Training these volunteers would be limited to the roles and responsibilities for that specific event. Although the volunteer's contract ends with the conclusion of the event, store their contact information since you may want to reach out to them again regarding future opportunities.

Long-Term Volunteers

The second type of volunteer program is long-term. With this arrangement, an outreach program will recruit and train volunteers to work on a more continual basis. Tasks can vary for long-term volunteers; they include health education and promotion, working on a needs assessment, and routine administrative support. Training for these volunteers should be more extensive and cover a broad range of outreach projects.

There are two long-term volunteer models that deserve a closer look; an internship and a lay health educator program. These two models require more of an investment by the outreach program, but can have wonderful results when developed and managed successfully.



Internship

An intern is a volunteer (often a student or recent college graduate) seeking practical and introductory working experience. Internships generally offer more holistic training so the student understands how the entire program functions and will require more oversight, management, and staff time. Internships can last a summer, semester, or full academic year. Interns can help with the day-to-day office maintenance, but duties should also include programmatic activities in the field. Internships enable the student to have hands-on experience and school credit while the outreach program receives low-cost programmatic and administrative support.



Photo courtesy of Northwest Michigan Health Services, Inc.

Lay Health Educators

While the lay health educator (*promotora/es*) model will also require more staff time to manage than standard volunteers, it has proven to be a highly effective model for reaching farmworkers. This model is based on the fact that people are more comfortable discussing health and personal issues with a peer than with a doctor. In addition, many *promotora/es* are capable of providing accessible, basic primary health care services to community members.

Often part of the targeted underserved population themselves, *promotora/es* understand the cultural nuances, languages, and value systems of fellow community members. They are positioned to bridge cultural gaps in order to more effectively diffuse vital health messages and information regarding health care access, disease prevention, and community resources.³ Health programs across the world have trained local community members on a variety of health issues, supplied them with materials, and sent lay health educators door-to-door to inform neighbors about various health concerns. They can also provide referrals and be an outreach program's eyes and ears within the community.

Volunteer Considerations

With any volunteer model, an outreach program must ensure that the model is beneficial for the program as well as individual volunteering their time. While by definition volunteers are unpaid staff members, it is important to recognize their contributions. Remember, these are people giving their time without financial compensation. Be sure to thank your volunteers in some way, be it a gift, a stipend, or a pizza party. Recognition and appreciation for a volunteer's work is a must!

Before creating a volunteer program at your organization, you should understand the advantages and disadvantages of this staffing model. To help in this process, HOP has compiled a list of the

³ Migrant Health Promotion. *Who are Promotores?*
http://www.migranthealth.org/our_programs/who_are_promotora.php, accessed February 12, 2008.



common challenges and advantages of volunteer programs. All of the challenges below can be overcome with ample planning from the management and staff of an outreach program.

Challenges:⁴

- Legal and insurance considerations; workers' compensation
- Training and coordination of volunteers
- Keeping track of volunteers
- Keeping volunteers motivated
- Ensuring quality of work
- Overcoming “absenteeism”

Benefits:

- Low cost
- Ability to provide personal attention to clients
- May possess program specific skills and abilities
- Can provide support on an as-needed basis
- Building awareness for farmworker health concerns in your community and beyond



Photo courtesy of La Clinica del Cariño Family Health Care Center, Inc.

Once you have weighed all the pros and cons and decided to enlist volunteers for your program, you must recruit a team. This can be done through schools and universities, churches, community service organizations, libraries, etc. Decide who your ideal volunteer would be – student or adult, bilingual or monolingual, from the farmworker community or elsewhere. Help use these considerations to dictate where and how you advertise and recruit volunteers.

After working with your volunteers, make sure to incorporate time to exchange feedback with them. They will have a fresh pair of eyes to view your outreach work and may be able to provide valuable suggestions on how to improve your products and services. You may also want to provide some written feedback on their performance and document their commitment to your organization through a recommendation letter on your organizations letterhead—this can serve as another good incentive for volunteers.

⁴ Adapted from Jeffery L. Brudney, *Public Productivity & Management Review*, Vol. 16, No. 3 (Spring, 1993), pp. 283-297.



COLLABORATION & TECHNICAL ASSISTANCE

No outreach program is totally alone in its efforts. It is likely there are other organizations and people within your service area who are also concerned about the health of farmworkers in the community. As you become more involved in outreach activities, you will notice others who could potentially aid your efforts in one way or another. They can serve as resources, advocates, and collaborators, so it is important to keep their information on hand.

Partnering with Community Leaders

Leaders within the farmworker community are an excellent resource for outreach programs. These individuals do not necessarily have to hold formal titles to be considered community leaders. Rather, a leader can be anyone who has earned respect within the farmworker community. They can be experienced or former farmworkers, people from the same migrant sending community as your farmworkers (in Mexico, Guatemala, or elsewhere), or individuals with a wealth of information and understanding of both American and farmworker cultures. Often leaders will be bilingual or trilingual (when working with indigenous farmworker populations). These community leaders can help you not only locate and gain access to farmworkers, but also become strategic allies to your outreach program.

Aside from the traditional community leaders such as elected officials and city employees, some examples of farmworker community leaders are:

- Trailer park/apartment managers
- Restaurant owners and staff
- Latino/other ethnic business owner
- Church/religious leaders
- Pharmacy workers
- Flea market vendors
- Laundromat employees and owners
- Local Spanish language newspaper editors and staff
- Social service program staff
- Community advocates and organizers
- Experienced or former farmworkers
- Traditional healers (i.e. *curandero/a*, *sobador*, etc.)



When meeting with these community leaders, think about how their role can help reinforce or strengthen outreach services to the farmworker community. A church priest may be able to help receive volunteers for a health fair; an apartment manager may offer to host a health education night; and a business owner may help promote outreach events. Speaking with community leaders when you already have ideas in mind about ways to collaborate will help guide your conversation. Be aware that some leaders may want a stipend or incentive for their help.



Researching Other Farmworker-Serving Organizations

There are a variety of private and public organizations that provide a wide range of services to farmworkers. As you establish yourself and your outreach program, it will be important to network and develop positive working relationships with these other organizations. In doing this, you will have the opportunity to share information, resources, and strategies. You will also be able to establish your program within the farmworker-serving community, gain insight into the local farmworker population, and expedite the referral process to other service providers.

There are a number of different organizations that commonly serve farmworker communities. Begin your search by brainstorming what organizations you already know about in various sectors and then find out more about them to appropriately fill in the blanks. To get you started, use the following tool titled *Identifying Farmworker-Serving Organizations* to identify organizations and individuals working in these fields within your community.

As you meet community leaders from organizations like these, you will want to record who they are, what they do, how you may be able to collaborate, and who else they suggest you meet. One way to track this information is by using HOP's community research tool; the *Community Resource Guide* template is featured below. Every time you meet someone new, complete a form and store it in a three-ring binder, or input the data into a spreadsheet or database, and you'll have a content rich community resource guide.

If you decide that one of these organizations shares a similar mission, you can offer to accompany their staff during outreach activities to gain a broader understanding of what they do, thereby obtaining additional access to farmworker communities. This will also give you the opportunity to introduce your outreach program and services to other programs as well. Exchange business cards if possible and ask them to keep your services in mind when they make referrals and offer to do the same.

As with any collaborative effort, be sure the work you accomplish adheres to the policies and protocols of your outreach program.



Photo courtesy of Ellenton Health Clinic Farmworker Health Program

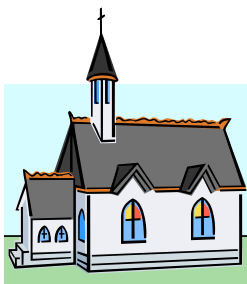


Identifying Farmworker Serving Organizations

As you begin to look outside your outreach program to other area service providers for collaboration, support, and guidance, start with this tool to help you identify who you already know within the farmworker-serving community. Under the name of each type of farmworker-serving agency, write the name of that provider in your community. Use the blank areas to brainstorm which people and organizations you should get in touch with to begin a collaboration.

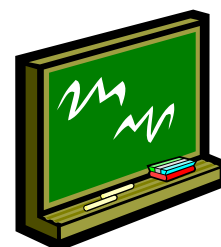
Migrant and Seasonal Head

Government Service



Church/Religious Programs

Farmworker Organizing



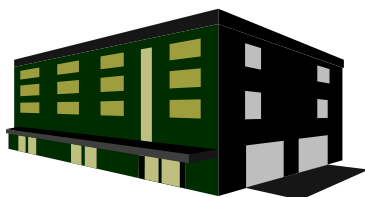
Migrant Education Programs

Legal Advocacy Groups/Labor

Public Health Department

Day Labor Centers

Community Based Service



Farmworker Housing/Camp



Hospitals and Clinics

Growers and Labor





Community Resource Guide

Date

Organization

Interviewer

Name

Title

Contact Information

E-mail

Street Address

Phone

Fax

Website



About the Organization

Field/Scope of Work

Mission

Referred by

How can they benefit us?

How can we benefit them?

Notes:

Additional Referrals

Name

Title

Organization

Name

Title

Organization

Name

Title

Organization



Collaboration

Collaborating with other local agencies can take a variety of forms. To collaborate simply implies an informal (or in some cases formal) relationship between two or more organizations who are working together toward a common goal. In this section we will offer examples taken from our *Innovative Outreach Practices Report* about how farmworker outreach programs can collaborate with different types of community partners, including:



1) Government Agencies:

Collaboration with government agencies can help an outreach program provide more comprehensive services and referral systems for farmworker-serving organizations. Additionally, an outreach program's strong relationship with the farmworker community can help it serve as a liaison between farmworkers and government agencies. The Ellington Health Clinic Farmworker Program responded to an outbreak of violence targeting farmworkers by holding a series of open forums and inviting local government and law enforcement officials. The community forum was successful in helping to brainstorm solutions and calm the fears of the farmworker community during this difficult period. The Ellenton Clinic successfully demonstrated the role community organizations can play in facilitating dialogue among city, county, and federal officials on behalf of the farmworker community.

2) Community Organizations:

The North Carolina Farmworker Health Program (NCFHP) provides a wonderfully simple and effective method of bringing together community collaborators who have a vested interest in the health of local farmworkers from a variety of fields. They founded the Farmworker Summit and Networking Event, which has united agencies from various fields; as a collective they have been able to identify a number of needs. An annual state-wide or regional event that assembles a variety of organizations can provide an enriching stage to develop collaborative relationships with your fellow farmworker-serving community members.

3) Universities:

Local universities can also be insightful collaborators for farmworker outreach programs. As we illustrated in the volunteer section of this chapter, universities can supply volunteers and interns to provide support to outreach programs. The Northwest Michigan Health Services, Inc. (NMHS) Bridge Project uses four volunteer interns from local universities to help meet their goal of reaching every farmworker home in their three service counties. By creating a collaborative relationship with a university, NMHS was able to conduct its first ever needs assessment and enumeration study.

4) Media:

Another important collaboration to consider is with local media outlets. Columbia Basin Health Association in Washington has collaborated with a local Spanish-language radio



station to provide a weekly one-hour lunch talk show on health education and prevention. Other organizations go a step further by providing radio shows such as these in an indigenous language. By collaborating with radio, television, or print media outlets you can provide health education on a community wide level.

→ For more great outreach practices that may be replicable in your own program, please see our annual *Innovative Outreach Practices Report* and our Innovative Outreach Practices Database on our website, www.outreach-partners.org.

Farmworker Coalitions

While collaboration is often an informal relationship between two parties sharing a mutual goal, a coalition is more likely a structured alliance between multiple parties, in this case having a strong interest in farmworker health. Each individual or organization within a coalition brings a different set of resources to the table in order to further the coalition's mission. Many communities may already have a farmworker coalition that meets to discuss issues facing their local farmworker community. These coalitions can include representatives from a wide variety of organizations, such as: health departments, churches, Head Start agencies, health centers, and government agencies.

If your community has a farmworker coalition, it is a great place to begin working with other organizations to maximize your effect on farmworkers. Contact its leadership and talk with them about their focus. Obtain a copy of the coalition members' contact information and find out when they meet. Take advantage of networking opportunities to introduce yourself and your outreach program. Make yourself available after meeting to continue discussions with coalition members.

If your community does not currently have a farmworker coalition, consider creating one. If you have already begun the community resource binder suggested on page 2-23, it is a great resource containing the farmworker-serving organizations in your area you should contact. If you don't have a binder yet, first consider who would be in your coalition "dream team." As you start researching farmworker-serving organizations in your community, brainstorm stakeholders who would likely be interested in joining your coalition (both allies and opponents), and consider storing their information in one location so you can refer to it later for other purposes.

Begin by contacting three to five other individuals who work in farmworker health and meet to lay the groundwork for your coalition. Elect a facilitator from your group to act as a neutral party who can help keep the coalition on task, conduct the meetings, and bring together diverse ideas.⁵ Some things to consider are:

- Mission and priority areas of the coalition (advocacy, consolidation of services, etc.)
- Logical participants and the best ways to approach them
- Geographic service area
- Meeting time, location, frequency

⁵ University of Florida Extension: Institute of Food and Agricultural Sciences, [Building Coalitions](#) Part 2, Handout 2-A, FY494-P2, H2-A.



- Governing/decision-making model

Once you have established these basic guidelines, plan an initial meeting, create an agenda, and send out invitations. Consider including an inviting incentive, like serving food, to inspire possible partners to attend. As a group, your coalition can then move your mission forward by expanding or refining your scope.

There are nine identified elements of a successful coalition. Keep these elements of success in mind as you develop your coalition and as it continues to grow and evolve. These are fundamental facets of a successful coalition which should be kept in mind at each meeting:

- Agreed-upon common goals
- Effective communication using common language
- Recognizing that each member is important to the coalition
- Equal opportunity to participate by all members
- All members take responsibility for and ownership of the coalition
- Delegation of efforts to all members
- Efficient and effective meetings
- Process and pattern in meetings and decision making
- Shared or situational leadership⁶
- Reasonable scope of work



If you are thinking about creating a new farmworker coalition, you can contact HOP for consultation, resources, and guidance through the process.

National Support Organizations and Technical Assistance Providers

As we have seen throughout the chapter, you are not alone! There are a variety of individuals and organizations within your community that can help you establish and grow your farmworker outreach program.

Beyond these local organizations, there are also a variety of national and regional organizations that are able to provide support and technical assistance to farmworker outreach programs. HOP has compiled information on a variety of organizations that you can consult for additional support. The following sheet can easily be taken out, photocopied, and distributed to anyone in need of resources.

⁶ Ibid.

Also, don't forget we are available! HOP can help you with referrals to many of these organizations and we can provide a wide variety of services.

National Support Organizations & Technical Assistance (TA) Providers

Section A. Farmworker Health Network, National Technical Assistance (TA) to Migrant Health Centers		
General Info: Migrant Health Program/Bureau of Primary Health Care http://bphc.hrsa.gov/migrant		
Health Outreach Partners (HOP) www.outreach-partners.org	Migrant Health Promotion (MHP) www.migranthealth.org	Farmworker Justice (FJ) www.fwjjustice.org
National Association of Community Health Centers (NACHC) www.nachc.org	Migrant Clinician's Network (MCN) www.migrantclinician.org	National Center for Farmworker Health (NCFH) www.ncfh.org

Other Key Support Organizations

Section B. General Health Information		
Health Issue	Organization	For more information (Website or Hotline #)
General Health	Centers for Disease Control and Prevention	http://www.cdc.gov
Occupational Health	National Institute for Occupational Safety and Health	http://www.cdc.gov/niosh
Worker's Compensation	US Department of Labor	http://www.dol.gov/esa/owcp_org.htm
Pesticides	National Pesticides Information Line	(800) 858-7378 Monday-Friday
	US Environmental Protection Agency	(800) 535-PEST http://www.epa.gov/pesticides/health/worker.htm
Cancer	National Institute for Cancer	http://www.cancer.gov
	American Cancer Society	(312) 372-0471 http://www.cancer.org
Diabetes	American Diabetes Association	(800) DIABETES http://www.diabetes.org
Hypertension	American Heart Association	(800) AHA-USA1 http://www.americanheart.org
HIV/AIDS	HIV Information Line	(800) 537-1046
	National AIDS hotline	(800) 342-2437, (800)344-7432 (Español)
Immunizations	Centers for Disease Control and Prevention	http://www.cdc.gov/vaccines/default.htm
	Immunization hotline	(800) 275-0659
Mental Health	National Institute of Mental Health	http://www.nimh.nih.gov (800) 969-6642 (hotline)
Oral Health	"Baby Bottle Mouth Syndrome Picturebook"	Can be ordered from Ms. Barbara Holcomb 1830 S.W. Foot Hill, Portland, OR 97225 (503) 644-1026
	Migrant Health Centers Dental Services Directory	Can be ordered from Migrant Clinicians Network 2412 South IH 35, Ste. 220, Austin, TX 78704 (512) 447-0770

Section C. Indispensable 1-800 Numbers for Farmworker Health	
Hotline Name	Contact Information (Hotline #)



National Migrant Family Number/ Número nacional para familias migrantes	(800) 234-8848
Call for Health/ Una voz para la salud	(800) 377-9968 M-F 9 ^a -5:30p

Section D. Education Services Specific to Migrants	
Organization	For more information (Website or Hotline #)
Office of Migrant Education— US Department of Education	(202) 260-1164 http://www.ed.gov/programs/mep/index.html
Migrant Education Even Start • Family literacy services	http://www.ed.gov/programs/mees/index.html
Migrant Head Start • High quality early childhood services	http://www.acf.dhhs.gov/programs/hsb/hsweb/index.jsp

Section E. Government Agencies and Social Services	
Organization	For more information (Website or Hotline #)
US Government Benefits Website	http://www.govbenefits.gov/govbenefits_en.portal
US Department of Agriculture	http://www.usda.gov:80
Catholic Charities	http://www.ccbjax.org
Rural Community Assistance Corp. • Housing/community development: AL, AZ, CA, CO, HI, ID, MO, NE, NM, OR, WA	http://www.rcac.org
Telamon, Corp. • Community development/services: DE, GA, IN, MA, MI, NC, SC, TN, VA, WV	(800) 334-7018
Rural Opportunities, Inc. • Community development/services: NY, PA, NJ, OH, IN, MI, Puerto Rico	(585) 340-3300 http://www.ruralinc.org

Section F. Legal Resources	
Legal Precedent and/or Organization	For more information (Website or Hotline #)
US Office of Workers' Compensation	http://www.dol.gov/esa/owcp_org.htm
Immigration and Nationality Act/ US Immigration Services, Farmworker Justice	http://www.uscis.gov/portal/site/uscis http://www.fwjustice.org
Violence Against Women Act/ Migrant Clinician's Network	(800) 799-SAFE http://www.migrantclinician.org/excellence/familyviolence
Child Abuse/ Child Protective Services	http://www.childwelfare.gov
Child Labor/ Human Rights Watch	http://hrw.org/doc/?t=children
Americans with Disabilities Act/ US Department of Justice	http://www.usdoj.gov/crt/ada/adahom1.htm
Vocational Rehabilitation/ US Department of Education	http://www.ed.gov/about/offices/list/osers/index.html
Job Services/ US Department of Labor	http://www.doleta.gov/msfw

Section G. Labor and Farmworker Organizations	
Organization	For more information (Website)
Comité de apoyo para trabajadores agrícolas (CATA)	http://www.cata-farmworkers.org
Coalition of Immokalee Workers (CIW)	http://www.ciw-online.org
Farm Labor Organizing Committee (FLOC)	http://www.floc.com
Pineros y campesinos unidos del noreste (PCUN)	http://www.pcun.org
Sin Fronteras Organizing Project	http://www.farmworkers.org
United Farm Workers of America, AFL-CIO	http://www.ufw.org



CHAPTER 3:

HIRING AN OUTREACH TEAM



Photo courtesy of Columbia Basin Health Association

In this chapter you will find...

- **Identifying Ideal Qualities and Skills of an Outreach Team**
- **Job Description Basics**
- **Advertising for Job Openings**
- **Interviewing Outreach Staff Candidates**
- **Staff Orientation**

INTRODUCTION

No health outreach team can thrive without a staff of dedicated and passionate professionals. They are the lifeline that connects your organization to the local farmworker community. But inevitably, a day will come when you'll need to hire new team members, whether someone resigns or your organization grows. By using the following tools and recommendations posed by HOP, your outreach workers will be equipped to build themselves into a highly effective and resourceful team.

Your time and resources are precious; hiring a less than ideal candidate can cost you extra money and time. However, finding a great candidate for your outreach team is no easy task. Finding a qualified person to add to your outreach team can be a challenging, yet rewarding process that requires well-orchestrated planning.

The following chapter presents strategies you can use throughout the hiring process, including:

Identifying Ideal Qualities & Skills of an Outreach Team	3-3
Job Description Basics	3-6
Advertising for Job Openings	3-12
Interviewing Outreach Staff Candidates	3-15
Staff Orientation	3-21

How Can HOP Assist You Further?

This chapter is designed to give you the basics on motivating and retaining your outreach team. If you would like further assistance with these topics, please visit www.outreach-partners.org and click on “contact us.”

Specifically, HOP can help you,

- Create job descriptions for outreach staff
- Identify key skills and qualities for new outreach staff
- Develop a recruitment plan
- Conduct an effective orientation for new staff



IDENTIFYING IDEAL QUALITIES & SKILLS OF AN OUTREACH TEAM

To determine what qualities and skills to look for in potential interview candidates, it's important to consider specific job responsibilities. Rather than keep an ongoing list in your head, jot down the skills and qualities you believe it takes to perform a great job; this will help you organize your thoughts and determine exactly what qualities you're looking for in an interview candidate. To find that shining star, you must have a sound understanding of what the newest member of your outreach team will mean to both you and your organization. Should the candidate have a farmworker background? Should he or she be culturally and linguistically competent? Do they need to have data management experience? Will they be a team player? Having answers to questions like these will make your recruitment efforts more targeted and successful.

Let's consider the difference between skills and qualities. A skill is a learned aptitude for accomplishing a task, such as database management or Spanish interpretation. Conversely, a quality is an innate characteristic possessed by an individual, such as passion or leadership. Typically, the qualities you'll seek from potential outreach workers cannot be developed through training, but are naturally instilled within an individual.

As an outreach coordinator or supervisor, you may want to consider looking for candidates with the following qualities and skills:

Skills:

- Cultural and linguistic competence
- Communication
- Interpersonal
- Teaching
- Service coordination
- Advocacy expertise
- Farmworker knowledge

Qualities:

- Connection to the farmworker community
- Personal strength and courage
- Respectful
- Sociable
- Compassionate
- Desire to help and work with the farmworker community
- Persistent
- Creative and resourceful
- Enthusiastic
- Flexible



Photo courtesy of Greater Baden Medical Services, Inc.



Assessing the Skills and Qualities Your Program Needs in Future Outreach Workers



SAMPLE SKILLS

- 1) Will the candidate need to participate in public speaking engagements?
☐ YES ☐ NO
- 2) Should the candidate be familiar with cultural competency issues related to the farmworkers in your community?
☐ YES ☐ NO
- 3) Will the candidate need to demonstrate an ability to establish relationships with community leaders?
☐ YES ☐ NO
- 4) Will the candidate need to have strong organizational abilities/data collection skills/technology skills?
☐ YES ☐ NO
- 5) Should the candidate have established geographic knowledge of the local farmworker area?
☐ YES ☐ NO
- 6) Will the candidate need a specific type of driver's license?
☐ YES ☐ NO
- 7) Will the candidate need to have a thorough knowledge of insurance options available for farmworker patients?
☐ YES ☐ NO
- 8) Should the candidate know how to conduct basic medical tests, such as diabetes screenings and heart rate checks?
☐ YES ☐ NO
- 9) Will the candidate need to have strong interpersonal, verbal, and written communication skills?
☐ YES ☐ NO
- 10) Should the candidate have an existing connection to the farmworker community your organization serves?
☐ YES ☐ NO



SAMPLE QUALITIES

- 1) Should the candidate have a strong desire to actively improve the health and wellbeing of underserved populations, including farmworkers?
☐ YES ☐ NO
- 2) Should the candidate be self-motivated and independent?
☐ YES ☐ NO
- 3) Does the candidate have the ability to connect on a human-level with farmworkers?
☐ YES ☐ NO
- 4) Will the candidate need to adhere to an appropriate and effective set of core values and beliefs in order to succeed at this job?
☐ YES ☐ NO
- 5) Does the candidate need to have leadership potential, so that they may eventually manage and train staff and volunteers?
☐ YES ☐ NO
- 6) Is it necessary for the candidate to be an innovative thinker and resourceful problem solver?
☐ YES ☐ NO
- 7) Will the candidate need to be flexible when it comes to work schedules, types of work to be done and the ways to do it?
☐ YES ☐ NO
- 8) Will the candidate be required to possess a strong dedication to collaborative work?
☐ YES ☐ NO



JOB DESCRIPTION BASICS

Once you understand the skills, qualifications, and requirements needed to perform the farmworker outreach worker job successfully, it'll be easier to create a job description. Job descriptions should be carefully written; if the job description is haphazardly produced, it may result in receiving a pool of candidates who are neither qualified nor interested in the position. The clearer you are with the applicants up front, the more time you will save down the road.

The job description is a well-written statement describing all the particular duties, responsibilities, skills, and qualifications someone will need to possess in order to perform successfully at your organization. It can also contain other pertinent information, such as reporting relationships, schedule, salary potential, and mandatory credentials.

The subsequent pages have some sample job descriptions you may find relevant for your farmworker-serving organization. They can also be used to help clarify the outreach team's roles and responsibilities to other staff within your organization. In addition, these job descriptions can highlight the attributes needed by the outreach team to perform their jobs properly. Please feel free to modify these job descriptions to address your organization's specific staffing needs.



Photo courtesy of Migrant Health Services, Inc.

The following sample job descriptions have been included:

- Migrant Outreach Coordinator
- Outreach Worker / Community Health Worker
- Health Educator
- Case Manager
- Social Worker



***Sample* Job Description: Migrant Outreach Coordinator**

This individual will be responsible for the development and implementation of the farmworker outreach program. The migrant outreach coordinator conducts outreach, health education, and case management services to farmworkers (and their families), supervise staff, effectively manage clinic resources, and positively promote the outreach program through appropriate community outlets. This person will also be responsible for assessing farmworker needs and evaluating the impact of services.

Responsibilities Include:

- Develop and maintain the outreach program infrastructure (plans, policies, procedures)
- Conduct innovative and informative trainings for outreach staff
- Design strategies and measurement techniques to identify farmworker health needs
- Implement process for documenting, monitoring, and maintaining outreach activities
- Coordinate and execute field-work screenings and other related outreach activities
- Establish positive collaborative relationships with appropriate community agencies
- Coordinate farmworker patient appointments; facilitate transportation services as needed
- Act as outreach liaison between administration, clinical, and other department managers
- Supervise team of outreach workers

Qualifications and Experience:

- Bachelor degree with major in medicine, public health, or social service fields
- Masters degree in public health or social services preferred
- Experience within community service, health, social service sector, or other relevant work
- Professional experience working within grassroots program development strongly preferred
- Experience or training in community and/or adult education strongly preferred
- Supervisory experience preferred

Skills:

- Excellent interpersonal communication and writing skills in both English and Spanish
- Strong organizational skills and ability to multi-task

Personal Qualities:

- Ability to relate and connect with people of different cultural, ethnic, and social-economic backgrounds (particularly underserved populations) and a passion for helping others
- Ability to motivate and support outreach team at all times (often in challenging situations)
- Work independently with little supervision, and also as a cohesive member of a diverse team

Other Requirements:

- Car, valid driver's license, and proper insurance
- Flexible schedule – may be asked to work some nights and weekends

Reports To: Director of Operations



***Sample* Job Description: Outreach Worker / Community Health Worker**

This individual will be responsible for addressing the health and social service needs of migrant and seasonal farmworkers and their families within the community. The majority of duties will be performed in locations outside the clinic where farmworkers are present (farms, labor camps, churches, etc.).

Responsibilities Include:

- Develop means for assessing the overall health needs (both physical and mental) of the local farmworker community (i.e., survey tool, focus group discussion guide)
- Create culturally-sensitive and competent health education sessions to present to the local farmworker community
- Continually update farmworker housing maps and census data within service area
- Document number of farmworker encounters
- Routinely visit with area farmworkers and their families to learn details about their health, and offer advice and services to improve it
- Update and maintain clinic's farmworker database
- Perform other duties as assigned

Qualifications and Experience:

- High school diploma or high school equivalency exam
- Bachelor's degree in health sciences or social service fields preferred
- At least two years experience within community service, health, or social service sector
- Relevant work with farmworkers or other underserved populations a plus

Skills:

- Must be fluent in English and Spanish
- Strong writing and communication abilities
- Exceptional interpersonal skills
- Proficient public speaker

Personal Qualities:

- Demonstrate a passion for helping others
- Ability to relate and connect with people of different cultural, ethnic, and social-economic backgrounds (particularly underserved populations)
- Work independently with little supervision

Other Requirements:

- Car, valid driver's license, and proper insurance
- Flexible schedule – may be asked to work some nights and weekends

Reports To: Migrant Outreach Coordinator



***Sample* Job Description: Health Educator**

The health educator is expected to provide instructive outreach to the farmworkers within our service area. This individual will develop health education materials and conduct presentations on a variety of health topics to the local migrant and seasonal farmworker community. Approximately 70% of these health education services will be performed outside of the clinic setting (labor camps, farms, residences, churches, etc.)

Responsibilities Include:

- Develop and test culturally and linguistically appropriate health education materials
- Conduct health education sessions and lessons on topics related to health and well-being
- Evaluate effectiveness of health education sessions
- Design strategies to identify migrant and seasonal farmworker health needs
- Offer individual counseling to farmworkers regarding health education topics
- Attend relevant community meetings to become familiar with the social and medical services available to migrant and seasonal farmworkers
- Document all farmworkers served using appropriate forms
- Perform other duties as assigned

Qualifications and Experience:

- Bachelor degree with major in medicine, public health, or social service fields
- Masters degree in public health or social services preferred
- At least two years of structured health education experience or training (such as Peace Corps, Americorps, etc.) strongly preferred
- Relevant work with farmworkers or other underserved populations strongly preferred

Skills:

- Must be fluent in Spanish and English
- Strong up-to-date knowledge of various health topics, such as diabetes, obesity/malnutrition, depression, alcohol/drug abuse, pesticide illness prevention, etc
- Exceptional public speaking skills and excellent interpersonal communication skills

Personal Qualities:

- Ability to relate and connect with people of different cultural, ethnic, and social-economic backgrounds (particularly underserved populations)
- Demonstrate a passion for helping others
- Work independently with little supervision

Other Requirements:

- Car, valid driver's license, and proper insurance
- Flexible schedule – may be asked to work some nights and weekends

Reports To: Migrant Outreach Coordinator



***Sample* Job Description: Social Worker**

This individual will help local migrant and seasonal farmworkers access much needed health and social services through various outreach and case management techniques. Approximately 70% of duties will be performed outside of the clinic setting (farms, labor, camps, churches, etc.).

Responsibilities Include:

- Create innovative and sophisticated means for assessing the health and social needs affecting the local farmworker population in both English and Spanish (i.e., surveys)
- Provide qualified referrals (medical care, medicine, social services) and follow-up as needed
- Design strategies to address farmworker health needs
- Institute regular, individual and group counseling sessions for farmworkers regarding social service needs, and provide the necessary case management follow-up
- Attend relevant community meetings to become familiar with the social and medical services available to local migrant and seasonal farmworkers
- Document all farmworkers served using appropriate forms
- Perform other duties as assigned

Qualifications and Experience:

- Bachelor degree with major in social work, public health, or social service field
- Masters degree in social work or human services preferred
- Relevant work with farmworkers or other underserved populations strongly preferred
- Experience working within field of health or social services

Skills:

- Must be fluent in Spanish and English
- Excellent interpersonal communication skills
- Strong up-to-date knowledge of various health topics, such as diabetes, obesity/malnutrition, depression, alcohol/drug abuse, pesticide illness prevention, etc.

Personal Qualities:

- Ability to relate and connect with people of different cultural, ethnic, and social-economic backgrounds (particularly underserved populations)
- Demonstrate a passion for helping others
- Work independently with little supervision

Other Requirements:

- Car, valid driver's license, and proper insurance
- Flexible schedule – may be asked to work some nights and weekends

Reports To: Migrant Outreach Coordinator



***Sample* Job Description: Case Manager**

The case manager will help facilitate health and social service needs to local farmworkers and their families by providing a wide range of case management services. This position requires approximately 40% of time to be spent inside the clinic, and approximately 60% of time outside of the clinic setting (farms, labor camps, churches, etc.).

Responsibilities Include:

- Help farmworkers more easily access community resources, such as food bank commodities, free prescription programs, childhood immunizations for Head Start eligible children, peer counseling for victims of domestic violence, etc.
- Enable local farmworkers to develop a keen understanding and awareness of available community resources, guiding them through the social support network process
- Provide relevant and easy-to-comprehend information about the physical and mental health services available to farmworkers
- Receive and provide proper referrals (such as medical care, provisions, medicine, and social services), and schedule follow-up appointments as necessary
- Attend relevant community meetings to become familiar with the social and medical services available to local migrant and seasonal farmworkers
- Document all farmworkers served using appropriate forms
- Perform other duties as assigned

Qualifications and Experience:

- Bachelor degree with major in social work, public health, or social service fields
- Masters degree in social work or human services preferred
- Case management experience
- Relevant work with farmworkers or other underserved populations strongly preferred

Skills:

- Must be fluent in Spanish and English with excellent interpersonal communication skills
- Strong, up-to-date knowledge on variety of current health topics
- Must have ability to juggle multiple projects

Personal Qualities:

- Ability to relate and connect with people of different cultural, ethnic, and social-economic backgrounds (particularly underserved populations) and a passion for helping others
- Work independently with little supervision

Other Requirements:

- Car, valid driver's license, and proper insurance
- Flexible schedule – may be asked to work some nights and weekends

Reports To: Migrant Outreach Coordinator



ADVERTISING FOR JOB OPENINGS

Your outreach team is more likely to thrive when staffed with talented and dedicated employees. But how do you find qualified candidates? To recruit stellar team members, you will need to advertise the position through a variety of internal and external channels, depending on the nature of the position. For example, if you are hiring for an entry level outreach position, you may want to cast a wider net and set your sights on candidates with strong connections to the community you're aiming to serve. If the position you're hiring for is a senior-level or management position, you may want to consider narrowing your recruitment approach to more focused channels to reach candidates with the right types of work and life experiences. Though you cannot expect every person who responds to your advertisement to be an ideal candidate, you can refine the hiring process by utilizing targeted and applicable outlets for your job announcements.



Internal Channels

Sometimes, the best person to add to your outreach team already works at your organization. Hiring internally can help encourage long-term commitment from your staff. When you hire an employee from within your organization, he/she will presumably already be accustomed to the culture and climate of your working environment, and therefore will not have to spend as much time “getting up to speed.” Additionally, an internal hire should be fairly well versed on the mission statement, protocols, and leadership expectations within your organization. Even if no one in your organization is interested in the position, consider asking staff to send the posting to their contacts. Hopefully your current, stellar staff members associate with other stellar colleagues!

If you choose to solicit resumes from within your organization, consider the following outlets:

- Your organization's internal network
- Job bulletins
- Organizational newsletter
- Staff meetings/announcements



External Channels

External Channels will help you cast the broadest net possible, hopefully encouraging talented individuals to join your farmworker outreach team. If your organization frequently collaborates with other community organizations, be sure to share information about the open position with them. Encourage these partners to spread the posting to people they feel will be qualified for the position. In addition, you can announce the job opening in a variety of media outlets, including local print publications, farmworker outreach-specific websites, professional networks, and even the radio. Your community may have local radio programs dedicated to improving your community. If such a program exists, submit a request to highlight your organization's outreach accomplishments, and announce the new job posting on air.

No matter where you advertise for the position, it is very important that you be as detailed as possible about what you are looking for within the ad. This encourages job seekers to self-screen in order to save both their time and yours. If you choose to post the job position on an internet job website or through a listserv, you may want to consider attaching the job description you created (discussed in the previous section); this will give potential candidates an idea of exactly what you are looking for. The next page is a tool listing a variety of internet resources for advertising your outreach position.



Photo courtesy of Quincy Community Health Center

TIP: If you are experiencing difficulty in filling the position, you may want to ask your collaborative partners to share with you their successful recruiting strategies.



List of Appropriate Websites to Post Outreach Worker-Related Job Announcements



- Migrant Clinicians Network – Jobs can be posted on MCN’s website by visiting: <http://www.migrantclinician.org/development/jobseeking/opportunities>
- National Center for Farmworker Health’s Job Bank – A data bank that both applicants and agencies can utilize to facilitate the recruitment of staff to migrant health. <http://www.ncfh.org/?pid=24>
- Migrant Health Research Listserv – There are over 600 migrant health members on this group. It is an excellent online resource to discuss not only job announcements, but also research projects, new developments, events, health fairs, etc. http://health.groups.yahoo.com/group/migrant_health_research/
- Returned Peace Corps Volunteer HOTLINE – An especially attractive pool of candidates for outreach work are recent Peace Corps volunteers who have returned from their service stint. In most cases, these individuals exhibit the people skills required to excel within outreach job, such as cultural sensitivity/competency, multiple language skills, and comfort level working within non-traditional settings (like labor camps and farms). <http://www.peacecorps.gov/index.cfm?shell=resources.former.hotline.postjob>
- Rural Recruitment and Retention – This is a national job bank focused on rural healthcare providers. They currently do not charge a fee to list job openings. <http://www.3rnet.org/>
- Idealist.org – This is the website for the worldwide non-profit group Action Without Borders. Their mission is to connect like-minded individuals and resources together in order to make the world a better place to live. You can post jobs by clicking on the following link: <http://www.idealists.org/if/idealists/en/Post/Simplified/default?item-type=Job&sid=102805648-263-UEK>
- Craigslist.org – One of the more common job posting tools in the Internet, this website now operates in all 50 states, and over 30 international cities. Though not a free service to post job listings, it’s still an excellent resource to consider if it makes sense for your organization.
- Opportunityknocks.org – This website contains many national and international employment opportunities within not-for-profit organizations, including many health organizations.
- Individual State Primary Care Associations (PCAs) – PCAs represent not-for-profit community clinics and health centers. They often have websites where health organizations can offer postings for job listings.
- Nearby Colleges/Universities – Many go to universities’ websites because they’re looking for new opportunities. Advertise there to find motivated people just entering the workforce



INTERVIEWING OUTREACH STAFF CANDIDATES

When you are ready to find a new member of your outreach team, candidates may be very different in person than they are on paper. Therefore, never hire someone without first conducting one or two interviews. The objective of the interview is quite simple: it offers both you and the interviewee the chance to garner the necessary information needed to make a well-informed decision. During the interview, both the interviewer and interviewee will market themselves to one another. With each interview, you should try to pose the same set of questions so you will have the similar information to compare across all the candidates. Consider using an interview guide (we have included a sample on a subsequent page) to assist you in this process. Be meticulous with your note-taking, especially if you conduct numerous interviews, as you want to avoid confusing candidates with one another.



Photo courtesy of Clinica Sierra Vista

Deconstructing the Job Interview

There is a limited amount of time during an interview to cover all the topics and areas needed for you, as a hiring manager, to make an informed decision. In order to use your time (and the candidate's time) wisely, you should formulate a well-crafted interview plan. Since you will be investing time, money, and energy into this individual, it is important to prepare yourself for the entire interview process. Revisit the job description you posted and see if anything should be altered. Also, review each candidate's resume prior to the interview, so that you are prepared to ask intelligent questions about their past experiences.

The following are some suggested guidelines to conduct informative and constructive interviews, as well as a list of topics to avoid during interviews (or any professional setting).



The Interview Timing and Structure – Job interviews should typically last no more than one hour. Make sure you cover all the topics you deem important, while allotting some time for the candidate to ask you relevant questions. Most interviews are comprised of three sections: the opening, the body, and the closing.

The Opening – During the first few minutes of the interview, try to put the candidate at ease so they can comfortably answer your questions. You may want to talk about your specific role within the outreach team and health center, as well as the overall mission of your organization. This is also the appropriate time to provide the job candidate with an outline of the hiring process. Remember, interviewing can be a daunting experience for some people; you can alleviate most nervous tension with a friendly, professional demeanor.

The Body – Within this section, you'll conduct the bulk of your interview. You'll have two primary objectives: learn as much information as possible about the candidate to see if they will be a great match within your organization, and convince the candidate that your organization is great place for them to jumpstart their career. Use the candidate's resume as a guideline to structure your interview process. You should already know what questions you want to ask. Do not be shy asking the candidate to elaborate on their answers; sometimes specific details can really be what determines who is hired and who is not. Also be sure to refrain from soliciting questions from the candidate until after you have asked all of the questions you need answered.

The Close – When it is time to conclude the interview, allot five to ten minutes for the job candidate to ask you questions. Most qualified candidates should have several questions to pose to you. Also be sure to explain who will be making the final employment decision and under what timeline.



After the Interview – Once you have shaken hands and escorted the candidate to the exit, you should summarize the candidate's skills and performance. It may help you to create a ranking or evaluation tool in order to measure everyone's various strengths and weaknesses. This process will help you more easily determine which candidate will fit best within your organization.

The Offer – Once you have interviewed and evaluated all the new hire candidates, you are ready to extend an employment offer. Be sure to give this person a fair window of time to accept your offer. Hopefully, they will want to join your organization right away. However, there may be instances where an applicant struggles with whether or not to accept. When this occurs, you can suggest that the applicant shadow one of your current outreach workers one day, to gain a truer sense of the job. It will also save you the time and expense of hiring a worker who, for whatever reason, is not suited to this particular line of work. Be prepared to negotiate if necessary, but do not shy away from rescinding or voiding the offer if an agreement cannot be met in a timely fashion.



Interview Formats

Telephone Interviews – If you receive dozens and dozens of resumes for a posted position, you may want to conduct brief telephone interviews. During this type of interview, allot fifteen to thirty minutes to ask simple and succinct questions in order to confirm that the skills outlined in the candidate's resume actually meet the job qualifications. This type of interview serves more as a screening purpose. Should time be a critical issue, the hiring manager does not necessarily have to be the one to conduct these phone calls. If the candidate yields satisfactory answers, then invite them to your organization for a one-on-one interview.



One-on-One Interviews – Once you have narrowed your candidate possibilities from resumes and telephone interviews, schedule an appropriate amount of first-round, in-person interviews. Allot forty-five to sixty minutes for the initial interview to occur. Though you should strive to adhere to a structured interview format where you ask the same set of questions to each candidate, it is okay to veer off of your interview guide if the conversation flows in that direction or if you need specific information about their employment background or experiences. Just remember not to make it an informal affair.

Committee Interviews – Once you have narrowed your search to a handful of carefully selected candidates, you may find it helpful to bring in other key staff into the hiring process, such as other outreach team members, the candidate's direct supervisor, or directors for a second in-person interview. They may be in a position to ask and answer more specific questions during the interview than you can. Prior to introducing the potential new hire to your peers, you should provide everyone involved in the interview process with their resume, cover letter, and a synopsis of what you've covered thus far in previous conversations. This should help you to avoid redundancies. Even if you opt to continue the hiring process solo, you should have a good understanding of who is most qualified for the position by the end of the second interview.



Photo courtesy of Southern Jersey Family Medical Centers, Inc.



Outreach Role Playing Scenarios

When hiring for your outreach team, you will probably look for an outgoing, amiable individual with a knack and passion for connecting with farmworkers. You can discover this type of applicant by incorporating questions into the interview process that revolve around social activities (such as volunteerism), interacting with strangers, and participation with community networks. You may also want to ask the candidate to provide an honest self-evaluation regarding their “people skills.”

An effective way to test an applicant’s people skills is to engage in role-playing scenarios during the interview process. Simply create a hypothetical situation where the applicant must demonstrate their ability to connect with people. Some suggestions include:



Photo courtesy of Bluegrass Farmworker Health Center

- 1) You meet a farmworker for the very first time during one of his fifteen-minute breaks. How would you break the ice to engage the farmworker in a conversation about their health?
- 2) A farmworker confides in you regarding a case of domestic violence. What steps do you take to provide comfort and/or referral services to help this individual?
- 3) You are scheduled to lead a health education demonstration during a community health fair, but very few people are within your vicinity or seem interested in your presentation. What steps would you take to change direction and attract an audience?
- 4) You are invited into a farmworker’s home after hours to provide outreach services. Though the farmworker has not arrived home yet, his family is preparing dinner and invites you to stay. You agree. When the farmworker you know arrives home from a long day in the fields, he is extremely tired. How would you handle this situation?



***Sample* Interview Guide**

Here is a sample guide to demonstrate how to structure your in-person interviews. Remember to take the necessary time and tailor all your questions based upon the experience level need for the open position.

1. Tell me something about yourself that is not on your resume or cover letter.
2. Tell me what you understand about the position and our organization.
3. Why are you interested in the position?

Experience-related questions

- What experience do you have in connecting with underserved populations, such as farmworkers?
- What job-related skills have you developed that are relevant to outreach?
- What three professional skills did you learn from your past work experiences that you can bring to this one?
- What did you enjoy most about your last employment? Least?
- How would you assess your ability to handle stress or high-pressure situations?
- How have you overcome challenging work situations in the past?
- How do you think a former supervisor would describe your work?
- Why do you want to leave your current job?
- What contributions can you make to the outreach team/department?
- If you were me, would you hire you? Why?

Career-oriented questions

- What kind of qualities in a supervisor do you appreciate?
- How would you describe your ability to work within a team environment?
- Do you prefer large or small organizations? Why?
- What do you think makes a team function successfully?
- How would you assess your ability to multi-task?
- Please describe your work ethic.

End of interview questions

- What questions do you have for me?
- Do you have any references?
- When would you be available to start?



Never ask any interview candidate about the following:

- | | |
|---|-----------------------------------|
| • Martial status or with whom they live | • Childcare issues |
| • Religious beliefs | • Weight |
| • Race/Color | • Citizenship / Country of origin |
| • Political affiliation | • Disabilities |
| • Sexual Orientation | • Criminal history |
| • Age | |



Job Interview Scoring Metric¹

Name: _____ Date: _____ Position: _____

Time of Interview: _____ Time Arrived: _____

Competency	<i>Needs Work (0 PTS)</i>	<i>Better (5 PTS)</i>	<i>Best (10 PTS)</i>
First Impressions	Shows up late for the interview, does not shake hands, and/or chews gum; does not bring a copy of the resume or references	Shows up on time for the interview with a copy of the resume in hand	Shows up early for the interview with a copy of the resume in hand
Preparation	Knows nothing about the organization or seems to make up information as he/she goes along	Knows some general information about the organization and/or its purpose	Has researched the organization and the position thoroughly
Personal Attributes	Overbearing, overaggressive, egotistical; or shy, reserved, and overly nervous	Somewhat nervous, some lapses in eye contact; speaks too loudly or softly	Good eye contact and poise during interview; confident
General Attitude	Lack of interest and enthusiasm about the position; passive and indifferent; or overly enthusiastic	Seems interested in the position but could be better prepared or informed on certain topics	Interested in the position and enthusiastic about the interview
Responses	Answers with "yes" or "no" and fails to elaborate or explain; talks negatively about past employers	Gives well-constructed responses, but sounds rehearsed or unsure	Gives well-constructed, confident responses that are genuine
OVERALL			

¹ Adapted from <http://lessonplans.btskinner.com/jobrubric.html>



STAFF ORIENTATION

When a new member joins your outreach team, you'll want to incorporate them into the day-to-day routine of your organization. By constructing a thorough orientation program, you will help your newest employees to adjust to their position, as well as the culture of your organization. Orientation programs encourage program uniformity, set expectations, and ease your newest team member into their new work environment. Oftentimes, employee orientations are spread out over a week or two; this tends to work better than overloading the new hire with an abundance of information to digest over a few days.



Photo courtesy of Bluegrass Farmworker Health Center

During the orientation program, set a tone of professionalism and pride for the new employee. Reaching farmworkers is not an easy task, and can be quite frustrating at times. However, it is also a remarkably rewarding experience when accomplished. The orientation process is your time to motivate the newest outreach team member to be successful. Below are some elements that you can incorporate into your orientation program. However, be sure to tailor these suggestions to your own program's specifications and needs. Orientation should be a fun and interactive process!

What to Include in the Orientation

- **Capture the New Employee's Energy** – When a fresh face joins, he/she will bring a new perspective, dynamic, and energy to your outreach team. You should try to harness this zeal, as all new employees will want to impress as soon as possible. Remember, it becomes your responsibility to manage their work through effective planning.
- **Make Your New Employee Feel at Home** – The last thing you want to do is spend time and resources hiring a new person, only to have them quit within the first three months. By developing an effective orientation program, the newest member of your outreach team should feel as though he/she is part of the team, and immediately valued within the organization. Therefore, make sure all members of your outreach team are informed about the start date and background of the new hire; encourage them to extend warm greetings and be available for questions. You may also want to organize a special team luncheon to welcome the newest member on his/her first day.
- **Help the New Employee Become a Productive Outreach Team Member as Quickly as Possible** – In its simplest form, an orientation is held so that each new employee will become a valued contributor to your organization's outreach goals; it's not designed merely for a new hire to "learn the ropes." You can help accelerate the orientation process by taking care of some basic logistical and human resource procedures, like: creating user identifications for



computers, email addresses, passwords, assigning employee hand books, ID cards, tax forms, benefit forms, etc.

- **Show the New Employee the Big-Picture of Your Organization** – Though the outreach worker’s job is connecting with farmworkers in the field, it is also important that he/she understands how other departments and positions relate to his/her work with farmworkers. You may also want to assign a “mentor” or “buddy” to partner up with the new employee; this also gives someone on your existing outreach team the opportunity to demonstrate leadership by acting as an advocate for the new hire.
- **Continually Stress the Importance of Your Organization’s Mission** – Be sure to emphasize your organization’s commitment to improving the health of farmworkers and their families during the new hire orientation. In addition, share how your organization is perceived throughout your local community. If you operate an established outreach program, odds are you have improved the lives of many farmworkers within your community. Sharing anecdotes of how farmworkers view your outreach team will motivate the new hire; they will want to be part of the success stories.
- **Review Internal Procedures** – Much of the time, a new employee will ask fairly fundamental questions, such as sick day policies, dress code, vacation time, pay periods, etc. Be sure to take some time to acquaint your newest outreach team member to your organization’s internal personnel policies. If your organization has a human resource department, it’s a good idea to invite a representative to this part of the orientation.
- **Don’t Ignore the Basics** – Your office may feel like a second home to you at times, but remember, this is the first time the new employee has spent any considerable length of time here. Take them on a tour of your organization, and highlight essentials such as bathrooms, conference rooms, and break rooms. If necessary, you should also cover some items such as how to lock up the facilities and emergency procedures.
- **Immediately Initiate the Farmworker Outreach Training** – Learning how to connect with farmworkers begins on the first day of orientation. When this training occurs, it is important to include members of your current outreach team; they have invaluable experience to share. Throughout his/her orientation period, plan to expose your new team member to farmworker field work on a daily basis, perhaps scheduling tours to your local farmworker community (including farms, labor camps, churches, and other areas where farmworkers congregate). You may also want to introduce the new outreach team member to various community partners and program collaborators. The key step is to encourage your new hire to start his/her work responsibilities from day one; encourage him/her to start fostering relationships with farmworkers as soon as possible.



***Sample* Orientation Schedule for New Outreach Worker**



DAY 1: (day of the week), (date)

9:00 – 9:30 Welcome and Overview

Objective: Participants and facilitators will get to know each other and understand orientation purpose.

- ✓ Introductions
- ✓ Expectations of New Job and Orientation
- ✓ Overview of Orientation

9:30 – 10:30 Introduction to (Organization's Name)

Objective: Participants will gain a greater knowledge of (Organization Name) and its role in providing services to farmworkers.

- ✓ Mission, Goals, and Core Values
- ✓ (Organization's Name) History
- ✓ (Organization's Name) Staff Structure
- ✓ Current Projects and Plans for the Future

10:30 – 12:00 The Farmworker Population

Objective: Participants will develop a greater breadth of knowledge of health issues facing farmworkers

- ✓ National Center for Farmworker Health Slide Show
- ✓ Who are farmworkers?
- ✓ What are the common health problems?
- ✓ What barriers do they face in accessing health care?

12:00 – 1:00 LUNCH

1:00 – 3:00 Farmworker Outreach

Objective: Participants will identify the roles they play as outreach workers and consider their actions when faced with ethical dilemmas in the field.

- ✓ Definition of Outreach
- ✓ (Organization's Name) Role: Farmworker Community Relations Outreach Model
- ✓ Review of Outreach Manual
- ✓ Ethics in Farmworker Outreach

3:00 – 3:30 Overview of Employee Handbook

Objective: Participants will be familiar with the general contents of the (Organization's Name) employee handbook and major policies.

- ✓ Policies and Benefits

3:30 – 5:00 Documentation and Administrative Responsibilities

Objective: Participants will know which administrative forms and reports they are responsible for, when they should be submitted and how to fill them out.

- ✓ The (Organization's Name) Work Plan
- ✓ Monthly Statistics
- ✓ Narrative Report
- ✓ Time Sheets, Expense Sheets, etc.
- ✓ Continuity File



DAY 2: (day of the week), (date)

9:30 – 12:00 Farmworker Health Education

Objective: Participants will be familiar with the content of the farmworker health education manual and will learn about the type of health education (Organization's Name) provides to farmworkers.

- ✓ Overview of the Farmworker Health Education Manual
- ✓ Health Education Objectives
- ✓ Health Education Activities

12:00 – 1:00 LUNCH

1:00 – 1:30 (Organization's Name) Associated Agencies

Objective: Participants will understand the nature of (Organization's Name) relationship to other community health agencies.

- ✓ (Organization's Name) Funding, Contracting, and Placement Process
- ✓ Working with Associated Agencies

1:30 – 2:00 Life as an (Organization's Name) Field Staff Professional

Objective: Participants will have a greater understanding of what to expect from their position with (Organization).

- ✓ Questions and Discussion regarding relocation, personal vs. professional life, inter-department support, etc.

2:00 – 3:00 Wrap-up

- ✓ Final Questions



CHAPTER 4:

MOTIVATING & RETAINING AN OUTREACH TEAM



Photo courtesy of Ellenton Health Clinic Farmworker Health Program

In this chapter you will find...

- **Supervision**
- **Outreach Protocols**
- **Individual Staff Work Plans**
- **Ongoing Training & Professional Development**
- **Motivating Staff**

INTRODUCTION

Successfully motivating and retaining your outreach team is important and feasible for any organization, and can be approached in a variety of ways. By prioritizing motivation and retention of your staff, you create a supportive work environment that ultimately contributes to the longevity of programs and sustained relationships with the farmworker community. Despite these aims, even when staff eventually move on, their positive experiences and skills will inevitably be shared forward.

Chapter 4: Motivating and Retaining an Outreach Team walks you through how to address five core considerations when striving for staff motivation and retention, including:

Supervision	4-4
Outreach Protocols	4-18
Individual Staff Work Plans	4-23
Ongoing Training & Professional Development	4-27
Motivating Staff	4-30

Why Strive to Motivate and Retain Your Outreach Staff?

Retention is practical, and much more than a “feel good” issue. Retaining good employees:

- **Maintains Knowledge and Skills within the Organization.** When outreach staff leave, your organization loses some of its institutional knowledge and acquired skills.
- **Creates Continuity with Programs and the Farmworker Community.** Outreach staff who are inspired to stay and potentially grow their career with an organization develop an ongoing understanding of a program as well as the farmworker community it serves.
- **Fosters a Positive Work Environment and Client Satisfaction.** When you invest in staff (both financially and otherwise), they in turn are more inclined to invest in the organization, team, and work. Outreach staff who are satisfied with their work and their organization are more likely to create satisfied clients.
- **Minimizes Expenses.** Turnover generates costs. When staff leave, three types of costs are involved: 1) Direct expenses, including those associated with recruiting, interviewing, and training replacements; 2) Indirect costs that may effect workload, morale, and client satisfaction; and, 3) Opportunity costs, including lost knowledge and the work that doesn’t get done while managers and other employees focus on filling the slot and bringing the replacement up to speed.¹

Despite these critical points, you must not strive reduce turnover at all costs. Change is bound to occur, and many times it can bring positive outcomes. Periodic turnover has the potential to create vacancies you can use to move deserving employees up the career ladder. The same vacancies represent opportunities to bring new people with new skills and different experiences into the organization.²

¹ *Manager’s Toolkit: The 13 Skills Managers Need to Succeed.* Harvard Business School Press. 2004.

² *Ibid.*



Why do Outreach Staff Stay at an Organization?

Outreach staff stay at an organization for many different reasons. The major motivations for staying include:

- **Pride in the organization.** Outreach staff want to work for well-managed organizations led by effective supervisors and administrators.
- **A respected supervisor.** The employee-supervisor relationship is very important and is more likely to endure over time if outreach staff feel respected and supported. As a supervisor, this is the factor in which you will have the greatest influence for boosting retention.
- **Fair compensation.** Outreach staff also want to work for organizations that offer fair compensation. In addition to competitive wages and benefits, this includes opportunities to learn, grow, and achieve. Although your control of wages may be limited, you can compensate the people you want to retain with other types of “compensation.” *See page 4-33 for other ideas.*
- **Affiliation.** Many outreach staff consider the opportunity to work with respected and compatible co-workers as another significant reason to stay at an organization.
- **Meaningful work.** Outreach staff want to work for organizations that allow them to respectfully and effectively serve the farmworker community. Satisfying and stimulating work makes all of us more productive.³

How Can HOP Assist You Further?

This chapter is designed to give you the basics on motivating and retaining your outreach team. If you would like further assistance with these topics, please visit www.outreach-partners.org and click on “contact us.”

Specifically, HOP can help you,

- Develop or update outreach protocols
- Create individual workplans
- Establish effective communication between staff and management
- Conduct joint outreach planning



³ *Manager's Toolkit: The 13 Skills Managers Need to Succeed.* Harvard Business School Press. 2004.



SUPERVISION

Outreach staff stay at an organization for many different reasons. Effective supervision is one key component to retaining and motivating your outreach staff. Leaders inspire staff to stay at an organization through involving staff in decision making, providing thoughtful feedback, and addressing conflicts skillfully. This section explores these topic areas along with communication techniques and performance evaluations, in order to make effective supervision one of your key strategies in creating a positive work environment and ultimately, retaining staff.

Supervision and Leadership

Supervisors typically are members of the management team who oversee the work of others and act as an intermediary between management and employees. Successful supervisors are leaders. In a leadership role, you coach, nurture, and empower outreach staff to use their skills and expertise to produce results. As leaders, you inspire increased efficiency, productivity, initiative, ownership, and creativity by providing direction and support. In short, great supervisors succeed by leading others to success.

Leadership skills can be learned and continually built upon. Effective supervisors are leaders who exhibit three essential qualities:⁴

- **Leaders inspire trust.** They instill confidence that their professional actions will serve the best interests of the group without sacrificing the rights of the individual.
- **Leaders know how to follow.** The ability to inspire involves being a leader and a follower. Leaders realize they do not know all the answers and are open to learning from even the newest employee.
- **Leaders lead from different places.** Leaders know they can not lead from behind the comforts of their desks when critical situations arise; sometimes leaders must be in the trenches, making things happen.



Photo courtesy of Clinicas del Camino Real, Inc.

⁴ Ladew, Donald P. *How to Supervise People: Techniques for Getting Results Through Others*. National Press Publications, Shawnee Mission, Kansas, 1998.



These basic qualities can help strengthen your role as an outreach coordinator and leader:⁵

1) Be an advocate for the outreach staff who report to you.

As a supervisor, instances may arise when you will need to advocate for your outreach staff. For example, you may see an opportunity to recognize your staff yet you have to make a case for it among senior level management. Alternatively, if a situation arises that impedes their ability to accomplish tasks, you will need to handle the issue directly and respectfully with the appropriate person. Advocating for your staff, when situations warrant it, demonstrates a commitment to your team and a confidence in their ability to do their work effectively.

2) Be fair without playing favorites or being a “buddy.”

In addition to supervising your outreach team, you are also a voice for those above you in the managerial chain. An effective leader can not be both manager and “one of the gang.” Instead, strive for an even temper, fairness, and full understanding of what it is you are asking your outreach staff to do.



3) Create an environment where work can be accomplished.

Stay attuned to your outreach staff and be mindful of reasonable adjustments that can be made to make their work effective or efficient. This may entail smaller adjustments, like providing a cell phone or larger efforts, like advocating for outreach-specific funding.

4) Clearly communicate expectations.

Part of being an effective supervisor is succinctly describing your professional expectations to outreach staff members or how a particular project should be completed. Teams rely on clearly stated expectations in order to effectively complete the tasks at hand. You may need to make the distinction between an expectation and a suggestion.

5) Provide stability during times of change.

One of your supervisory responsibilities is to maintain a sense of stability, especially during times of change. You usually can not prevent change; however, you can help your outreach staff feel more in control of the future by providing stability and reassurance. The following will assist you in doing so:

- Take steps to prevent unwanted surprises.
- Consult your staff before making significant changes.
- Communicate with your supervisors often.
- Learn as much about your job as possible.
- Plan for the short-term as well as the long.

⁵ Ibid.



Decision-Making Processes

Teams, team leaders, supervisors, and managers can often experience strife because of confusion regarding decision-making. You can use a variety of decision-making approaches depending on the situation at hand. It is a good idea for outreach teams to clarify and communicate decision-making processes in order to:

- Make timely decisions.
- Commit to decisions made.
- Focus energy on the action required rather than the decision-making process.
- Maintain team morale.

The key to successful decision-making as a team is transparency. Consider selecting a decision-making process *before* entering a discussion about the decision. Staff generally can accept all decision-making approaches if they know what is going to happen after the discussion. Team members are less likely to accept the illusion of one approach followed by the reality of another approach. Key decision-making approaches are described below:⁶

Consensus

Consensus decisions are those in which all are involved in making the decision. Consensus does not mean that everyone fully agrees with the decision; it means that everyone will put their disagreement aside and wholly support the decision. For example, many times outreach staff will work together to create an internal definition of “outreach.” In order to finalize the definition and achieve consensus, staff members may have to concede on certain parts of the final definition.

Majority Vote

Majority decisions are made by voting, then counting which side of the issue obtained the most votes. This can be a useful approach when pressed for time or for very minor concerns, but it rarely results in full commitment to the decision or feelings of involvement by the team. For example, outreach staff may need to vote on date for a particular event, choosing from two or three different dates.



Photo courtesy of Northwest Michigan Health Services, Inc.

⁶ *Highlight: Decision-Making Approaches.* Life-Role Development Group, 2001.



Minority (Subcommittee)

Minority decisions are those made by a sub-group of the team, who have been given authority to make the decision. This method works when it is difficult to get everyone together, or when the subject matter for the decision is either very complex (only some team members have expertise) or simple (the decision is too routine to require the full team). However, these decisions may weaken the commitment to the decision because not all are involved. For example, the entire outreach staff may not need to be involved in the food to be served at a farmworker advisory board meeting; instead, a small subcommittee that is charged with planning that event may do so.

Expert

Expert decisions are made by a designated expert who has been given the authority to make the decision. Expert decisions are useful in highly technical or complex decision-making processes. Problems with this approach include: 1) coming to agreement on the expert and, 2) potentially leaving team members feeling excluded. For example, since the Chief Financial Officer is an internal expert specializing on the finances of your organization, he/she may be charged with deciding on the final budget for the outreach program.



Management Decides with Discussion

Decisions that are made by an individual in authority (i.e. the Outreach Coordinator, Program Director) after discussion with the team are used when the authority is primarily accountable for the decision, when the authority is privy to information not available to the rest of the team, or when a decision needs to be made very quickly. For example, you may solicit feedback from your outreach staff on program planning goals from the previous year and whether they were realistic and feasible. Considering their input, along with your understanding of the funder's expectations and foresight about the program, you will make the appropriate adaptations to the program plan for next year. Some problems may arise when the authority is not sufficiently decisive. Also, team members may feel their ideas are being solicited out of obligation.



Management Decides without Discussion

These are decisions in which the leader does not consult the team. This is a useful method when decisions are simple, when the authority has specialized expertise, or when a decision needs to be made very quickly. For example, you may have to decide how outreach funding will be allocated to different components of your program without consulting the rest of your staff. Because the team was not involved, there is risk of low commitment to the decision.



Strategies for Providing and Receiving Feedback

Feedback is the sharing of specific information about a staff member's performance in order to confirm they are doing something right or encourage them to modify their behavior. Skillfully providing feedback is a critical supervisory skill that creates a basis for maintaining and improving performance. It also creates a forum for assessing outreach staff needs and planning additional professional development experiences.⁷

The following are some recommendations for *providing* feedback:⁸

- **Self-Assessment:** Before giving feedback, ask the outreach staff member to assess him/herself (possibly using a performance evaluation tool). The supervisor may ask, "How do you think you did?"
- **Balanced:** Provide both positive and critical comments. Begin with positive comments, then specify where something needs to be improved, and end with encouragement.
- **Timely:** Feedback should be given close to the time of performance. Immediate feedback is usually best.
- **Descriptive and Specific:** Focus on the specific action or event and explain your point of view. Generalizations such as, "Your health education session was good" are not helpful. The reinforcement is okay, but the supervisor should also specify why the session was good.
- **Regularly Provided:** Feedback should not be a surprise. It is often provided only when the staff member has done something wrong. Establishing a routine of regular feedback prevents this, such as regular one-on-one meetings with individual staff members.



Photo courtesy of Quincy Community Health Center

⁷ OUCOM/CORE Curriculum Bulletin, January 2001.

<http://www.oucom.ohiou.edu/FD/cpcbulletin/augustbulletin2001.htm>

⁸ Ende, Jack. *Feedback in Clinical Education*, 1983.



When *receiving* feedback, keep the following tips in mind:⁹

- **Listen to Understand:** Practice all the skills of an effective listener, including body language, avoiding interruptions, and facial expressions that encourage the other person to talk.
- **Ask Questions:** Use questions to clarify and when necessary, ask for examples or stories to illustrate the feedback. This way, you will find out if you share meaning with the person providing feedback.
- **Try to Suspend Judgment:** After all, in learning the thoughts of others, you learn about yourself and how your actions are interpreted in the world. Keep an open mind and avoid tendencies to get defensive.
- **Summarize and Reflect What You Hear:** Your feedback provider will appreciate that you are really hearing and trying to understand what they are saying.
- **Decide for Yourself:** Just because a person provides feedback does not mean you have to agree with it. They perceive your actions through their own life experiences.
- **Be Approachable:** Your openness to feedback is obvious through your body language, facial expressions, and welcoming manner.
- **Next Steps:** After receiving feedback, decide what to do with it.



Photo courtesy of HOP

Resolving Workplace Conflict

Anytime people work together, conflict is a part of doing business. Conflict is a normal and natural part of any organization. Individuals have different levels of comfort addressing conflict yet when it is addressed in an open, honest, respectful, and timely manner this enhances staff's abilities to work effectively as a team. When supervisors learn to constructively resolve conflict, you can turn a potentially destructive situation into an opportunity for creativity and enhanced performance.

⁹ Heathfield, Susan. *How to Receive Feedback with Grace and Dignity*, 2007.
<http://humanresources.about.com/cs/communication/ht/receivefeedback.htm>



There are several potential reasons for conflict in an organization, including:

- **Poor Communication:** Different communication styles can lead to misunderstandings.
- **Different Values:** An organization is made up of individuals who see the world differently. Conflict occurs when there is a lack of understanding of these differences.
- **Differing Interests:** Conflict occurs when individual workers fight for their personal goals, ignoring organizational goals and organizational well-being.
- **Scarce Resources:** In resource-scarce environments, employees may feel they have to compete for available resources in order to do their job.
- **Personality Clashes:** All organizations are made up of differing personalities. Unless colleagues respect and understand each other's approach to work and problem-solving, conflict will occur.
- **Poor Performance:** When one or more individuals within a team are not pulling their own weight, conflict is highly likely.



Similarly, there are a variety of ways to address conflict but collaborative or compromise-based responses are often the most productive forms because there is no winner or loser. Rather, team members aim towards working together for the best possible solution. Arriving at a positive resolution is always the ultimate goal. Consider the following tips when addressing conflict:

- **Begin by choosing to address conflict rather than avoiding it.** Your presence communicates your concern and care for the situation at hand.
- **Communication in times of conflict is the strongest tool at the supervisor's disposal.** Pick your words with care and stick to the facts. Avoid making assumptions or restating rumors. Instead, address specific behaviors and situations. Clearly and respectfully articulate the causes of conflict, recognizing that differing perceptions will exist.
- **Practice active listening.** Active listening involves a set of interrelated skills including open-ended questioning, paraphrasing, acknowledging feelings, non-verbal encouragers and summarizing. When used together they effectively communicate to the other person that you want to listen to them and intend to understand how they see the issue.¹⁰
- **Address the issues face-to-face.** Notes, email correspondence, and memos are not a productive way to resolve differences.¹¹
- **Be decisive.** Decisiveness is not always easy, especially when there is little factual information. In light of these constraints, you must combine the facts you have with your sense of the right thing to do.¹²
- **Take a time-out if necessary.** Emotions can get strong during conflict and if this occurs, a pause or break from discussing the issue may be useful for everyone involved. Resume resolving the conflict at another designated time.¹³

Another tip: When necessary, **agree to disagree**. Always remember to keep the best interests of the farmworker community in mind.

¹⁰ *Communicating in Conflict*. Malaspina-University. <http://www.mala.ca/conflict/communicating.asp>

¹¹ *Resolving Workplace Conflict*. Faculty & Staff Assistance Program, University of Colorado at Boulder. <http://www.colorado.edu/studentaffairs/fsap/conflict.html>

¹² *Manager's Toolkit: The 13 Skills Managers Need to Succeed*. Harvard Business School Press. 2004.



Communication Tools & Techniques for Outreach Supervisors

Effective communication skills are essential to creating a healthy work environment and supervisory style. Listed below is a menu of suggested short-term strategies for maintaining on-going communication with your outreach staff.

- **Individual meetings** to discuss work plans, trouble-shoot specific concerns, provide resources to staff, share feedback, or address individual questions/concerns.
- **Staff meetings** to review important upcoming dates, communicate activities occurring among outreach or the organization as a whole, trouble-shoot programmatic questions, share progress, or have a little fun with a shared activity. Staff potlucks also provide an opportunity to address select work issues in a festive, less formal environment. They are a great opportunity for recognizing staff accomplishments as well.
- **Staff mailboxes** for incoming paperwork or written updates.
- **Outreach staff calendar** in a common area to record off-site work, vacation/leave time, trainings, projects, etc.



- **Work plans** to communicate individual project plans and steps. *These are discussed further beginning on page 4-23.*
- Equip outreach staff with **cell phones** to ensure communication while in the field.
- **Message/announcements board** allows for posting information about upcoming organizational or community events.

Performance Evaluation

The performance evaluation process represents an investment in your staff and their professional development within your outreach program and beyond. It is one way to demonstrate how your program values its work and the quality of its delivery. When used effectively, staff will note this attention to their skills and opportunities for growth, and will be more likely to invest further in an organization that invests in them.

There are numerous reasons for conducting a performance evaluation. For example, it presents an opportunity for you to provide feedback to outreach staff on their performance and work style/ethic. Conversely, it also provides outreach staff an opportunity to give you feedback on their needs, perceptions, and your interaction with them. It may also serve to satisfy an organizational requirement for you to review staff while also growing a cadre of farmworker health professionals – the more feedback and support you provide them, the better outreach workers they will become.

¹³ *Resolving Workplace Conflict*. Faculty & Staff Assistance Program, University of Colorado at Boulder.
<http://www.colorado.edu/studentaffairs/fsap/conflict.html>



Performance Evaluation Techniques

Listed below are two techniques to choose from when conducting performance evaluations:

- 1) **One-on-one evaluation meeting:** Supervisors and staff may schedule a time to meet individually to discuss responses of a performance evaluation tool. To allow for self reflection, it is best that the staff person fill it out as well as the supervisor. Before your review meeting, swap copies of each other's completed tool. You can discuss disparate answers, and anything else that stands out (strengths or opportunities for improvement).
- 2) **Peer review:** Feedback from other outreach staff is another useful tool. There are a couple different ways to do this:
 - Have staff conduct outreach in pairs and provide a structure for them to share feedback with each other. Consider providing a brief outline of questions that can easily be referred to in the field (i.e. questions about how they conduct a health education activity, health fair, or camp visit); provide some guidelines on how long they will observe their peer and in what format they will provide feedback. For this truly to be peer feedback, be upfront with staff that this will not be considered as part of their formal performance evaluation. *See the sample Peer Evaluation Form on page 4-15.*
 - You can also facilitate a peer evaluation in the form of a 360-Degree evaluation technique in which outreach staff provide anonymous feedback on a staff member. Consider creating a brief form with a few specific questions related to teamwork, communication, dependability and/or professionalism; have staff complete it in advance of a one-on-one evaluation meeting. This approach allows for some outreach staff input into the performance evaluation process.



Photo courtesy of Benton County Health Department



Sample Outreach Staff Performance Evaluation Form

Date: _____ Time Frame for Review: _____ to _____

Employee: _____ Position: _____

Reviewer Name (self or supervisor): _____

Please assess the above named employee in the following areas and categories based on the following rating scale:

- 5 = excels in this area
- 4 = performs above standards in this area
- 3 = meets standards in this area
- 2 = needs some level of improvement in this area
- 1 = unacceptable performance in this area

Work Ethic and Style

1.	Maintains focus on identified goals and priorities.	
2.	Is productive and sets an example of taking action rather than procrastinating.	
3.	Knows how to gather, organize, and present information.	
4.	Demonstrates interest and ability to improve quality of work and/or learn from mistakes.	
5.	Is a dependable member of the outreach team.	
6.	Effectively plans and organizes in order to meet deadlines/target dates and produce quality work (both for self and staff).	
7.	Follows through on delegated tasks.	

Additional Comments:

Outreach Skills and Duties

8.	Disseminates information to farmworkers where they live, regarding clinic services and local and state public services.	
9.	Effectively communicates, both orally and written, in English and the local farmworker language.	
10.	Maintains effective and cordial relationships with local and state agencies, growers, other employees and clients.	
11.	Demonstrates an ability to interview farmworkers with tact and shows cultural sensitivity.	
12.	Maintains accurate records of duties performed.	
13.	Manages conflict constructively and/or finds ways to minimize future conflicts.	
14.	Demonstrates a positive rapport with the farmworker community.	
15.	Effectively provides case management services (i.e. assessment, referral, follow-up and re-assessment).	
16.	Is a safe and competent driver.	
17.	Delivers health education services that are responsive to farmworker health needs.	

Additional Comments:



Working Relationship with Supervisor

18.	Clearly communicates needs and concerns to supervisor.	
19.	Has a strong sense of when and how to advocate for an alternate position with the supervisor and when to defer judgment to the supervisor.	
20.	Shares observations with supervisor in order to keep him/her abreast of possible trends, challenges, and /or opportunities in the farmworker community. Helps the supervisor keep informed on farmworker-specific health issues and needs.	

Additional Comments:

Personal Traits and Characteristics

21.	Has integrity and is trustworthy.	
22.	Inspires others by own self-confidence and passion for work.	
23.	Receives feedback and constructive criticism well.	
24.	Is a good listener.	
25.	Open to the idea that there is more than one best way to do something.	
26.	Works effectively both independently and as a member of a team.	

Additional Comments:

The last two questions are to be completed by the outreach worker only.

What do you believe are your three greatest accomplishments over the past 12 months?

What are three goals and/or priorities that you would like to address over the next project year?

I have discussed the above listed ratings and comments with the Outreach Supervisor.

Employee's Signature

Outreach Supervisor Signature




Sample Peer Review Guide: Health Education Activity

Please keep in mind:

- 1) This Peer Review is intended as a learning tool for staff. Complete this form after observing an outreach staff member conduct a health education activity. Your comments will be shared with your supervisor, summarized, and provided to each respective individual, with the intention of generating feedback and professional development opportunities.
- 2) The questions below are intended to guide the Peer Review. Please think of strengths and areas for improvement, and focus on those responses.
- 3) Please complete one form for each participant.

Name of co-worker to be reviewed: _____

Evaluating the delivery/content of a health education activity:	
1. Did the outreach worker, _____ (name) , present an activity that seemed meaningful to the audience?	
2. Was the activity sensitive to and respectful of cultural and linguistic diversity?	
3. Did the outreach worker, _____ (name), elaborate on the current knowledge base and abilities of farmworkers in the session?	
4. Did _____ (name) choose a location, time of day, time frame, and setting for the activity that was conducive to farmworkers' schedules? Did the activity reflect <i>good planning</i> on the part of _____ (name)?	
5. Did _____ (name) foster questions and active discussion and participation?	
6. Describe what _____ (name) did well and why.	
7. What areas can _____ (name) improve upon the next time around?	



Key Considerations

Here are a set of key aspects of the performance evaluation process to consider:

1) Identify the reasons and intended outcomes for your performance evaluation process.

As mentioned, there are numerous reasons to conduct performance evaluations. Define the purposes for your program and share these intentions with staff. Be clear how you intend for this step to be useful both for the program and the professional development of each staff member.

2) Consider customizing your performance evaluation tool to outreach.

Though your organization probably already has a performance evaluation tool (for clinicians or administrative staff, for example), it may not be specific and appropriate for your outreach staff. Invest the time to develop a specific performance evaluation tool that encompasses your expectations of staff (based on your program plan, farmworker population and environment, and job descriptions) and related performance indicators. Ask staff members to contribute to the performance indicators by providing what they hope to get out of outreach (such as improved language skills, increased knowledge about farmworkers, and development of health education materials). If you wish to develop an evaluation tool specific to outreach, it's best to consult with management/human resources first.



3) Assess the best performance evaluation for short-term staff.

It's important to select a performance evaluation structure and style that best suits the format of your outreach program. If your season is short and staff is temporary, you should still conduct performance evaluations. However, you may want your reviews to be more informal and on-going with at least one evaluation that you can document and keep on file.

4) Let staff know how they will be evaluated from day one.

Share your expectations with staff initially rather than review them based on indicators they never knew about. It is helpful to explain why you are monitoring their performance and what you plan to do with the information you obtain from this. Always invite questions and comments from them throughout the process. Make sure your job descriptions are also consistent with these expectations.



5) Learn how to provide feedback.

When you evaluate staff, it is important to provide feedback in a productive manner so that they can hear, understand, and utilize your input. Be direct and clear when providing feedback, and always give staff an opportunity to respond or ask questions. Also, try to offer positive feedback along with criticisms. *For more information see the “Strategies for Providing and Receiving Feedback” section on page 4-8.*

Here are a few resources for learning more about feedback and performance evaluation tools/methods:

- *What Did You Say? The Art of Giving and Receiving Feedback*, Charles N. Seashore, Edith Whitfield Seashore, Gerald M. Weinberg.
- *How to Observe and Give Feedback to Employees*: Read guidelines and tips for supervisors on observation and feedback about employee performance.
http://blink.ucsd.edu/Blink/External/Topics/How_To/1,1260,737,00.html
- *Giving & Receiving Feedback – Free Management Library*: Find links to such topics as basic guidelines for giving feedback and how to give good feedback at:
www.mapnp.org/library/commskls/feedback/feedback.htm

6) Educate yourself on your organization’s legal considerations as they apply to performance evaluations.

Certain legal considerations exist regarding what you can and cannot do with regard to performance evaluations. For example, although subjective rating systems are not illegal, the Equal Employment Opportunity Commission (EEOC) and courts state that performance standards must exist, and must be equally applied to all. Standards or their absence cannot produce disparate treatment in promotion and/or compensation policies and practices. This means that evaluation techniques must be consistent for all staff working in a certain position. It’s best to always consult with management or human resources before embarking on a new performance evaluation method.



Photo courtesy of Community Health Centers of the Central Coast



OUTREACH PROTOCOLS

Developing and adhering to protocols plays a key role in staff retention and motivation. Protocols, which are basically procedures that outline various outreach job functions, help staff to understand organizational expectations about their roles and responsibilities. Staff learn about their valuable role within the organization as well as what is needed to succeed in that role. Employees typically can be more successful in a workplace that has a clear structure in place.

Why Is It Important For Your Program to Have Protocols?

Just like the other departments within your organization, the outreach department is professional and should have documented protocols for its processes. Your program should develop protocols because:

- The process of writing protocols helps you to think about and plan your overall program.
- Protocols give you and your staff clear guidelines to follow. In other words, everyone needs to know what to do and how to do it.
- Protocols formalize systems by enabling your staff to conduct outreach work consistently, which is critical to assuring the quality of the work at hand.
- If someone gets sick or leaves the organization, the presence of protocols allows other staff to continue to conduct the work of the outreach program. In this way, farmworkers you serve do not suffer from a loss of services because protocols help to maintain the continuity of the program.
- Protocols can address potential liability issues in a direct and clear way. For example, if your program conducts health screenings, clinical outreach, or provides transportation services, it can use protocols to set the parameters for each of these activities with which your organization's leadership is comfortable.

Steps for Developing Protocols for Your Outreach Program

Getting Started

Your outreach protocols should match the structure and format of the other protocols in your organization. Ask your supervisor or a department head for examples of protocols and follow the same format. There may even be a protocol template available in your organization.



Think about the objectives of your outreach program. Those are what you need to document into protocols. Imagine if you were responsible for managing the entire outreach program and had no information to review or consult. What would you need to know to understand and carry out the work of your outreach program? You would need to know:

- What services and annual activities are provided by your program? How are they conducted?
- Does your program deliver health education activities? What types of activities? How are the activities determined? How are the activities conducted in the field?
- What data does your program need to collect? How often? Who participates in the data collection? What forms are used?



- Which other departments does your program collaborate with to conduct its work? In what ways do you work together? Are each department's roles clearly defined?
- Does your program partner with other local agencies to serve farmworkers? Which ones? In what ways do you work together? Are the roles for each organization clearly defined?

Writing Protocols

When your outreach activities tie in with other clinic programs, include the directors of those departments in the writing of or, at minimum, reviewing of your protocols. For example, let's say that your outreach program goes out to camps during the peak harvest season to offer diabetes blood sugar testing with medical providers. Make a draft of that protocol and then share it with the Medical Director, who supervises the medical providers. Make sure to seek input on draft protocols in coordination with other departments in order to make sure they appropriately complement other existing protocols. A side benefit of including other departments is that they develop a clearer understanding of the outreach program's activities and services.

Approving Protocols

Submit your protocols to your supervisor for approval, if necessary. Some organizations require the administrative team to approve all protocols. Other organizations require department heads to develop and approve protocols within their own departments. Find out what is necessary within your organization.



Distributing Protocols

Make sure that your protocols are located in an easily accessible place for all outreach staff. One option is to place your protocols into three ring binders. Use dividers with labels of primary categories such as "Health Education" or "Field Services" so that protocols are easy to find within the binder. Keep a list of where these binders have been distributed and how many copies were distributed at each location. You can make the binders for:

- Staff in your department
- The central site where all clinic protocols are kept (if this exists)
- Any satellite clinics where outreach is done
- Other departments that have a link with outreach
- Collaborating organizations (only when there are specific protocols that address how your organizations will collaborate to provide services)

Updating Protocols

Schedule a review of the outreach protocols for the same time every year. First, find out if and when the other clinic programs conduct an annual review of protocols. If your clinic reviews all protocols at the same time each year, conduct your review at the same time and follow the same steps as the other programs or departments. If not, determine the best time of year for your outreach protocols to be reviewed and updated. Choose a time of year that is the least busy for your outreach program.

TIP: State on each protocol "Updated (month)/(year)" each time you review and also include a blank that states "Next review due (month)/(year)." This documents that you conducted your review, and also states when the next review is due.



***Sample* Health Center Outreach Policy**

POLICY TITLE: REFERRALS BY OUTREACH STAFF

POLICY STATEMENT: Referrals will be made by the provider to the *outreach worker* working on their team. The referral form will indicate diagnosis and reason for referral. (Note: until *outreach worker* capacity is increased, *outreach workers* will only be following patients with diabetes, hypertension, dyslipidemia and cardiovascular disease).

PROCEDURE:

A. Purpose

1. To ensure appropriateness of referrals.
2. To document the consultation and referral process.

B. Steps

Diabetic patients will be referred due to one of the following:

- 1) Upon initial diagnosis,
- 2) When A1C is ≥ 7 ,
- 3) When there is concern regarding medications or proper blood sugar testing,
- 4) When there is a need to set self-management goals,
- 5) When the patient is not up-to-date on all recommended testing,
- 6) When the patient has been lost to follow-up for over three months,
- 7) When there is a need to develop a plan for physical activity.

Hypertension patients will be referred due to one of the following:

- 1) When blood pressure is not controlled,
- 2) When there is a need to set self-management goals,
- 3) When the patient is not up-to-date on all recommended testing,
- 4) When the patient has been lost to follow-up for over three months,
- 5) When there is a need to develop a plan for physical activity.

Patients with dyslipidemia will be referred due to one of the following:

- 1) When the patient's LDL is above their goal,
- 2) When there is a need to develop a plan for physical activity,
- 3) When there is a need for additional guidance relating to diet,
- 4) When there is a need to set self-management goals.

Patients with cardiovascular diagnosis will be referred due to one of the following:

- 1) When there is a need to set self management goals,
- 2) When there is a need to plan for physical activity,
- 3) When the patient has been lost to follow-up for over three months.



Patients with depression will be referred due to one of the following:

- 1) An initial diagnosis is made,
- 2) A patient did not attend 2 week follow-up visit,
- 3) A patient did not attend 4 week follow-up visit,
- 4) When there is a need to set self-management goals,
- 5) When patient is lost to follow-up for over three months,
- 6) When there is a need to develop a plan for physical activity.



***Sample* Outreach Policy Template**

[CENTER NAME]

POLICY TITLE:

POLICY STATEMENT:

PROCEDURE:

A. Purpose(s):

B. Steps:

1.

2.

3.

4.

KEY DEFINITIONS: *(OPTIONAL)*



INDIVIDUAL STAFF WORK PLANS

In order to keep abreast of program developments and issues, the individual work plan provides supervisors with a snapshot of individual staff activities. The work plan outlines the steps, timing, and progress needed to complete a task. These plans can provide a solid base for the work your staff aims to accomplish. This information can be used to understand the productivity level of outreach staff as well as used to set goals for staff that are in keeping with overall departmental goals. You can also plan to use staff work plans for measuring performance during periodic reviews.

In addition, a work plan is one way that outreach activities remain linked to your organization's overall goals and objectives. It is a tool for connecting back specific activities to the organization-wide plans like strategic or program plans. For more information on program planning, see *Chapter 6: Program Planning*.

Key Components

The work plan can be visualized using a matrix. This allows a lot of information to be stored in one place, giving a broader picture to the person's overall responsibilities.

The components of a work plan can be organized in many different ways; it is important that you find a format that is useful for you and your work. Key components to consider include:

- **Overall Goal:** This is your “big picture” goal. What is the overall goal that drives your work?
- **Objectives:** Concrete statements that break down your goal into manageable pieces. They are specific things you will accomplish in order to contribute to the overall goal. Remember to keep your objectives SMART: Specific, Measurable, Attainable, Realistic and Time-bound. For more information on writing SMART objectives, see *Chapter 6: Program Planning*.
- **Action Steps:** What specific actions need to be taken in order to meet the objective? When needed, use the “Progress Notes” box to note intermediary steps that warrant special attention.
- **Timeline:** Determine specific deadlines of each action step.
- **Progress Notes:** This is a box to record progress towards the respective action step.
- **Comments:** This is a box to record comments about the overall objective, difficulties, resources needed (internal or external) or progress that may not correspond to one specific action step.



A work plan template follows, along with a completed sample work plan.



***Sample* Individual Staff Work Plan Template**

[STAFF NAME AND CORRESPONDING TIME PERIOD]

[Updated: DATE]

GOAL:

Objective # 1:			
	Action Steps	Timeline	Progress
1.A			
1.B			
1.C			
Comments:			

Objective #2:			
	Action Steps	Timeline	Progress
2.A			
2.B			
2.C			
Comments:			

Objective # 3:			
	Action Steps	Timeline	Progress
3.A			
3.B			
3.C			
Comments:			



Sample Completed Work Plan

Jose Ortiz's 1ST Quarter Work Plan

[Updated: 2/15/10]

GOAL: Increase migrant and seasonal farmworker access to services at Clinica Sana.

Objective # 1: Conduct introductory round of outreach to 20 camps by April 15, 2009. [Program Plan Objective #4]			
	Action Steps	Timeline	Progress
1.A	Obtain farmworker advisory committee input on flyers to be distributed at camps.	1/7	
1.B	Revise flyers per advisory committee input.	1/10	
1.C	Prepare materials for distribution at camps, including updated contact information and photocopying.	1/15	<i>Distribute to all outreach staff.</i>
1.D	Identify which 20 camps to visit by contacting growers and talking to farmworker advisory committee.	1/30	<i>Work with team on this step.</i>
1.E	Schedule camp visits considering other commitments like interpretation, transportation, and health education activities.	2/15	
1.F	Visit camps, making sure to introduce myself, the center, and explain flyer.	2/28 – 4/1	<i>Don't forget to wear badge!</i>
1.G	Report back to outreach team on observations and questions.	2/28 – 4/9	<i>Use weekly meetings for updates.</i>
Comments: <i>What is the latest information about transportation protocols? This changed from last year.</i>			

Objective # 2: Write a 750 word article on outreach workers health education efforts for organization's newsletter by April 1, 2009. [Program Plan Objective #1]			
	Action Steps	Timeline	Progress
2.A	Discuss article with Cythia, the newsletter editor	2/28	
2.B	Write article for newsletter.	3/15	
2.C	Share article draft with <i>promotoras</i> and get their feedback on the content.	3/29	<i>Consider language/literacy issues of promotoras when sharing article draft.</i>
2.D	Edit article and submit it to the overall editor, Cindy.	4/8	
Comments:			



Objective # 3: Deliver 10 small group (3-10 people), 30 minute, health education sessions to farmworker adults by May 15, 2009. [Program Plan Objective #3]			
	Action Steps	Timeline	Progress
3.A	Review needs-assessment findings on health education topics of interest to farmworkers and their families. Find out what were the top three topics of interest.	2/15	<i>Got help from Dan on running this report. Top topics were: diabetes, pesticide safety and hypertension.</i>
3.B	Meet with health educators to find out what existing teaching resources they may have on the top topics.	3/10	<i>Will meet with 2 health educators on 3/10.</i>
3.C	Plan session content.	3/20	<i>In discussion with church about short session after Sunday services. Will be in contact with other possibilities.</i>
3.D	Schedule small group health education sessions at farmworker friendly locations.	3/30	
3.E	Deliver sessions.	5/15	
3.F	Report back experiences to outreach team.	5/20	
Comments: <i>Prep is going well so far. I am concerned if I will be able to schedule 10 health education sessions. What suggestions do you have for contacts?</i>			

[Other objectives on such outreach-related topics as needs assessment, planning goals, or evaluation activities, can be included as well].



ONGOING TRAINING & PROFESSIONAL DEVELOPMENT

By being proactive and offering professional development training on an ongoing basis, staff will be able to work to their full potential and meet the changing demands of your program and the local farmworker population. Additionally, training opportunities that are responsive to staff needs are integral to providing effective services to farmworkers and their families. When staff experience this investment in their potential, they are more likely to return the investment by staying with the organization longer and being more motivated.

Training can be tremendously advantageous for your organization. You can improve customer service, productivity, motivate your staff, and keep your operation current. Remember to analyze your needs at the outset and choose the right type of training for your requirements.



Photo courtesy of Yolo County Health Dept. Maternal Child Adolescent Health Program

Assessing Staff Training and Professional Development Needs

Before launching training efforts, you'll want to assess their training needs. Below are four areas to consider when assessing your staff's training needs:

Internal Assessment

Make a point to regularly discuss professional development needs during individual check-in meetings or staff meetings. Alternatively, consider creating a short, written survey where staff can identify their key needs.

Organizational Changes

Has some aspect of your organization changed? For example, suppose your organization's approach to documenting farmworker family information has changed. Employees are more accepting of change if they receive adequate training in how to effectively address changes.



Feedback

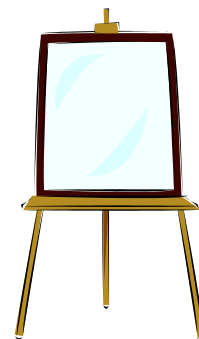
Using information from patient satisfaction surveys or other organizational sources, you may discover some hidden training needs that translate into opportunities to improve service delivery.

Errors, Complaints, and Frequent Problems

Receiving complaints from clients or staff does not necessarily indicate an employee is a lost cause. Perhaps there is a deficiency that could be easily rectified with training. When errors or complaints are brought to your attention, analyze the problem to see if training might be the solution.

Developing/Implementing Outreach Staff Training

In order to be responsive to the professional development needs of your staff, there are various strategies for creating and implementing outreach staff training. The specific content and approach used to present your training will depend on the needs identified by your staff as well as the persons best suited to address the topic. Possible strategies for trainings include:



Strategy: *Evaluate internal expertise and resources and use non-outreach staff to lead trainings.*

Example: Consider working with health educators to train outreach staff on a particular topic. Consider including providers as a key resource for providing continuing education and professional development for staff, particularly in regards to key health education topics and basic clinical skills.

Strategy: *Have experienced outreach staff provide a training to new outreach workers.*

Example: Experienced outreach staff members can take an instrumental role providing trainings for newer outreach staff. Experienced staff can share insights on the local farmworker community and their needs, while also providing invaluable information on essential outreach skills like referral processes, planning a health education session, or conducting screenings.

Strategy: *Have outreach staff provide trainings to the other non-outreach staff.*

Example: Outreach staff can also be a great internal training resource, particularly when it comes to sensitizing staff to the cultural beliefs, practices, and attitudes of the local farmworker population. Involve outreach staff in providing professional development to the rest of the staff around cultural competency and farmworker sensitivity.

Strategy: *Collaborate with other organizations to obtain trainings.*

Example: Organize staff and interested community partners to solicit a training on how to conduct needs assessments.



Strategy: *Work with external technical assistance organizations to visit your organization and provide trainings.*

Example: Utilize HOP's training services including *COCHE (Curriculum for Outreach Centered Health Education)*, Cultural Competence in Health Outreach, Coordinating Farmworker Health Outreach Programs, Identifying and Verifying Farmworker Health Needs, Outcome Evaluation, or Building Basic Outreach Skills.

Strategy: *Work with community members and/or other service providers to provide a training or information exchange session.*

Example: Exchange experience and tips with other health centers and organizations that have conducted successful activities among their local farmworker population. This could potentially involve sharing strategies and lessons learned around any topic that has collective importance or with which organizations are experienced in addressing.



Photo courtesy of Northwest Michigan Health Services, Inc.

Types of Certifications Relevant to Outreach Staff

Certification brings recognition to outreach staff for their work in farmworker communities. Certification recognizes their diverse skills and acknowledges their training and work experience and has the potential to further education and career goals. Some specific certifications to consider include: Certified Health Education Specialist (CHES), First Aid/CPR Certification, Diabetes Screening Certification, Nutrition Educator Certification, Immunization Educator Certification, and Translation/Medical Interpretation.



MOTIVATING STAFF

Although motivation is a recurring theme throughout this chapter, we dedicated this section to specific strategies for motivating your staff. From team-building to incentives, various approaches to inspire your staff are suggested here. Consider selecting a few from the menu of possibilities below and find out what dimension they can add to your team spirit.

Teams & Team Building

Being part of a cohesive team is one critical component to keeping staff motivated. A *team* is a group organized to work together to accomplish a set of objectives or goals. Well-functioning teams demonstrate the following key characteristics:

- **Purpose:** Members proudly share a sense of why the team exists and are invested in accomplishing its mission and goals.
- **Priorities:** Members know what tasks need to be accomplished next, by whom, and by when to achieve team goals.
- **Roles:** Members know how to complete tasks and when to allow a more skillful member to undertake a certain task.
- **Decisions:** Authority and decision-making lines are clearly understood.
- **Conflict:** Conflict is dealt with openly and is considered important to decision-making and personal growth.
- **Personal traits:** Members feel their unique personalities are appreciated and well utilized.
- **Norms:** Group norms for working together are set and seen as standards for everyone in the group.
- **Effectiveness:** Members find team meetings efficient and productive and look forward to this time together.
- **Success:** Members know clearly when the team has had success and share in this equally and proudly.
- **Training:** Opportunities for feedback and updating skills are provided and taken advantage of by team members.



*Photo courtesy of Ellenton Health Clinic
Farmworker Health Program*

In order to creatively foster a cohesive and well-functioning team, many organizations use team-building activities. Listed below are sample activities that could be the foundation for a teambuilding retreat; they are divided into “Brief” and “Extended” categories:





Brief Activities

These fun activities can be incorporated into regular meetings or staff retreats. They are intended to last no more than thirty minutes. If time permits, consider debriefing on the activity: How did the activity go? What did the activity demonstrate about effective teamwork?

- Quote Matching: On a piece of paper, list a variety of quotes by famous people on topics like teamwork. Separately list the names of the individuals who coined the quotes. Have the team work together or in small groups to match the names with the quotes.
- Organizational Trivia: Come up with a simple questionnaire made up of True/False questions and fill-in-the-blank statements about your organization. Have participants complete the questionnaire individually or in small groups. Discuss the responses.
- Six Degrees of Separation: Distribute a piece of paper to each participant. Instruct them to draw a circle on the paper that is made up of the names of each individual, connected by line. Each line should represent something those two people have in common. Make sure to include their name. For example, “Jose and Jane both were born in San Jose, CA. Jane and Linda both adore dogs. Linda and Patrick both love to cook traditional Mexican food” . . . and so on.
- Two Truths and a Lie: Participants think of three sentences, two are facts and one is a lie. One by one, participants introduce themselves and say their three sentences. The rest of the group has to guess which one is a lie.
- Post-it Notes: Give a Post-It note to each participant. Each participant is to write a noun (person, place, or thing) on the note. Then they stick the post-it on the back of one participant; there should only be one post-it note per participant. Members of the group should mingle with each other, asking members of the group yes/no questions that will help them guess what it is. Members should feel free to guess, but respondents can only answer “yes” or “no.”
- Knots: This activity requires at least five people. Have your team stand-up and get in a circle. With arms outstretched, have participants grab the hands of someone not standing next to them. They should grab two different hands. Without talking, challenge the group to get out of their knot.



Extended Activities

These activities are also intended to build camaraderie and cohesiveness among team members, but will require a couple hours or more. Here are a few suggested activities:

- Fruit Picking: Each year, have staff take a few hours to pick fruit in order to raise money for an emergency fund, outreach program, or another project. Have staff coordinate this annual event with a team leader. Flyers can be distributed around your organization asking family, friends, and other staff members to make pledges based on the number of flats picked. In addition to raising funds, it fosters camaraderie between staff and the farmworker community.¹⁴
- Host a Potluck: Have participants contribute a dish to a potluck that takes place in a less formal setting, like a staff member's home. They should strive to bring a dish that has significance to them and explain the significance at the event. Alternatively, have staff work together on a menu and then divide-up the roles.
- Special Project: Have staff organize a special project for your organization or the local farmworker community; this may include a special health fair, a presentation, a sporting event, or a kick-off event that marks the beginning of the farmworker season. Alternatively, this could include volunteering at another community agency or planning a community service project.



Photo courtesy of Benton County Health Department

- Professional Development: Encourage staff to take advantage of professional development opportunities through conferences, local community colleges, and visits to other health centers. Where feasible, have them attend together and create a presentation to capture key highlights from the experience.
- Group Norms: Group norms are generally agreed-on informal rules that guide all members' behavior in the group. They are behaviors that each group member agrees to follow to the best of their abilities. Work with your team to create a set of 4-5 group norms on how you generally intend to work together. Make sure everyone gets a copy of this resource.

¹⁴*Picking Blueberries to Raise Money for Farmworkers and Increase Cultural Competency.* Southern Jersey Family Medical Centers, Inc, 2007. <http://www.outreach-partners.org/iopr.html>



Staff Recognition and Incentives

Although offering a competitive and fair wage is a critical component of recognizing a staff member's hard work, there are other non-monetary strategies to consider as well:

- **Involve staff in decision-making.** When appropriate, recognize the important role and voice of staff by encouraging them to contribute their feedback on decisions. This fosters increased ownership in the program and its overall goals and objectives. Additionally, this input can be extremely valuable to management staff, assisting them in their ability to keep the pulse on staff needs and observations.
- **Add a “kudos” component to staff meetings.** Incorporate a “kudos” segment to meetings in which staff can recognize each other for assistance received or a job well done.
- **Know your staff's limits.** Many of your staff work hard, especially during the height of the season. Remember that they also need time to refuel. Dedicated outreach workers, especially those who are new to the world of farmworkers, are liable to run themselves down, unaware of their own productivity curve. As a manager, you may need to give staff time off, even when they do not think they need it.

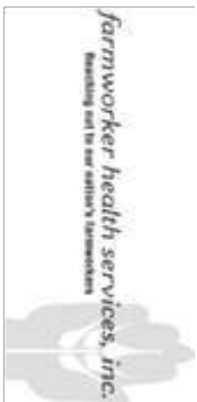
- **Provide opportunities for staff recognition.** Consider providing opportunities for outreach staff recognition (i.e. “Outreach Worker of the Month,” certificates of appreciation etc.) or incentives like a celebratory gathering for the entire team following the peak season. *See the sample certificate on page 4-34.*



Photo courtesy of Bluegrass Farmworker Health Center

- **Provide training and educational opportunities.** As mentioned earlier, provide staff with training and educational opportunities. Not only do staff members gain valuable skills, but they recognize your organization's investment in their professional growth. *See the previous section “Ongoing Training and Professional Development.”*
- **Offer a compressed workweek option.** Flexible work schedules are intended to enhance performance while allowing employees a more enjoyable work/life balance. They should not interfere with the efficient and effective functioning of outreach at your organization. Employees choosing a compressed workweek option work 80 hours over 9 days in each 2-week pay period. This will generally work out to eight 9-hour days, one 8-hour day, and one day off every two weeks. Employees may also choose to work four 9-hour days and one 4-hour day per pay period. This type of scheduling may be especially useful when staff are expected to work extended hours to conduct evening outreach activities.





CERTIFICATE OF RECOGNITION

This certificate is awarded to:

[Name]

[Insert Date]

For recognition of one year's dedication to farmworker health
education and outreach

NAME
TITLE

NAME
TITLE





CHAPTER 5:

CONDUCTING A FARMWORKER NEEDS ASSESSMENT



Photo courtesy of Community Health Centers of the Central Coast, Inc.

In this chapter you will find...

- **Establishing Your Advisory Panel & Work Groups**
- **Planning Your Needs Assessment**
- **Developing Data Collection Tools**
- **Conducting the Assessment**
- **Using Your Findings**

INTRODUCTION

A farmworker needs assessment is a critical component to designing effective health programming for farmworkers and their families. Needs assessments collect information from a variety of sources in order to understand the health status, health care needs, and the type of health education and social services needed among a particular community or group. A needs assessment responds to both the needs of the farmworker population and the organization conducting the assessment. This chapter will take you and your organization through five key steps for effectively conducting a farmworker needs assessment and getting the information you need to more effectively serve your population.

Establishing Your Advisory Panel & Work Groups	5-3
Planning Your Needs Assessment	5-5
Developing Data Collection Tools	5-18
Conducting the Assessment	5-25
Using Your Findings	5-27

Why Conduct a Farmworker Needs Assessment?

There are many ways to use the results generated from the farmworker needs assessment. Depending on the types of questions you ask and the information you learn about the farmworkers in your community, your organization can: 1) set a baseline for monitoring patient needs and health status; 2) plan future outreach activities; 3) prioritize its activities to maximize resources; 4) increase awareness about farmworkers in the community at-large; 5) respond appropriately to requirements of current funders and make a solid case for future funding.

How Can HOP Assist You Further?

This chapter describes a process for determining farmworker health needs and using that information to plan an effective outreach program. If you would like further assistance with conducting an assessment, please visit www.outreach-partners.org and click on “contact us.”

Specifically, HOP can help you:

- Define the scope and parameters of your assessment
- Provide examples of existing data collection tools and guide your planning process
- Refine your data collection tools, both qualitative and quantitative
- By facilitating a comprehensive staff training on conducting assessments



ESTABLISHING YOUR ADVISORY PANEL & WORK GROUPS

Establish Your Advisory Panel

Many key people should be involved in your assessment process if it is to be effective and received well both by the community and your organization. Needs assessments require a lot of effort and collaboration so involving the right players is crucial to your success.

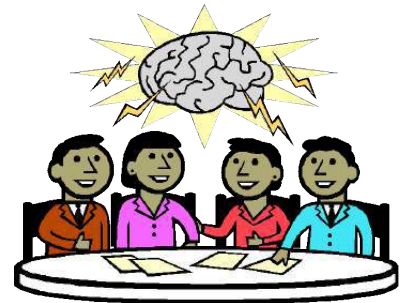
One way to involve key stakeholders in the needs assessment is to establish an advisory group. By allowing an advisory group to assist in defining the scope of the assessment, the project will more likely reflect the priorities of your organization and the wider community.

Advisory panel members vary depending on the project and the organization. Consider including representatives from:

- *The farmworker community to be assessed*—to ensure the information you will be collecting is relevant.
- *Organizational administration and Board of Directors*—to provide direction and vision for the assessment so that organizational goals and expectations are well integrated
- *Key collaborators*—to ensure that the data is relevant to the entire health and social service community.
- *Staff implementing the project*—these individuals are most familiar with available resources and will keep the project grounded in reality.

As you put your advisory group together, consider the following:

- Invite the advisory group to meet on days and at times convenient for them.
- Address any language/interpretation concerns ahead of time.
- Explain why your organization has decided to conduct a farmworker needs assessment and why their participation is important.
- Ask about specific concerns members would like addressed in the assessment and incorporate as much of this feedback into the design of your assessment plan as possible.
- Solicit advice on the possible data collection techniques to use and when, how, and where to conduct the assessment in order to be most effective and responsive to farmworkers' needs.



Remember the advisory group is intended to be your sounding board. Engage the members in the beginning of the planning process before you have gone too far and can no longer change direction easily.

Community member involvement: Advisory group members that you choose or recruit from the community will greatly appreciate your willingness to involve them and will guide you in your assessment efforts within their community.



They can be particularly insightful when determining how best to engage the community in your needs assessment. For instance, they can help you determine how best to approach community members during the data collection period; whether or not there will be a need to do outreach and advertising to get community members motivated to participate; whether or not incentives should be provided; who should be interviewed and who would be best to do the interviewing from a cross-cultural perspective; and finally, how best to keep community members informed about the assessment process, whether through avenues such as community meetings, the media, or presentations at churches.

To get community members involved in the advisory group, invite a sample of people from the farmworker community to participate. This will include people from both genders, a variety of age groups and geographic areas. In addition, consider inviting community leaders to participate. Community leaders may not hold a title or public office but will be respected “go-to” members of the community that lead others by example. Remember that community leaders are often overextended with their time so make sure to think creatively about when and where to meet in order to facilitate their participation.

Establish Your Needs Assessment Work Group

Once your advisory group has met and come up with a strategic direction for the assessment, you will want to put together a work group that will be in charge of conducting the needs assessment. The members of the work group should include the staff and partners that will be responsible for selecting data collection methods and carrying out the assessment process.

Ideally, the work group will consult with your advisory group periodically throughout the process and seek their advice from time to time when unanswered questions or significant issues arise.



Photo courtesy of Clinicas de Salud del Pueblo



PLANNING YOUR NEEDS ASSESSMENT

The first task of your work group is to begin the planning process. Start by thinking about both the broad areas and the small details you will need to address in order to successfully complete your assessment.

Define Needs Assessment Purpose

It may seem too early to decide how to apply the information you collect, but actually it's not! What you want to know or get out of this process in the end will directly influence the kinds of questions you ask up front.

The first question for your assessment team to answer is: "Why are we doing a needs assessment?" Just as with any program development or grant application, you need to focus on the desired outcome of this effort.

The advisory group may have already provided some direction regarding the purpose of doing a needs assessment; the assessment team should refine and focus this purpose even further. Below is a worksheet entitled, *Purpose of Assessment*. Answer the questions on the worksheet and use this information to guide the development of your data collection tools.

Answering the questions below will help you develop your specific needs assessment goals early on. By defining your purpose now, you can stay focused on what you hope to achieve instead of getting overwhelmed with the many directions this assessment could go. You can choose as many options as needed but please remember that the more you add, the more involved your assessment may become.

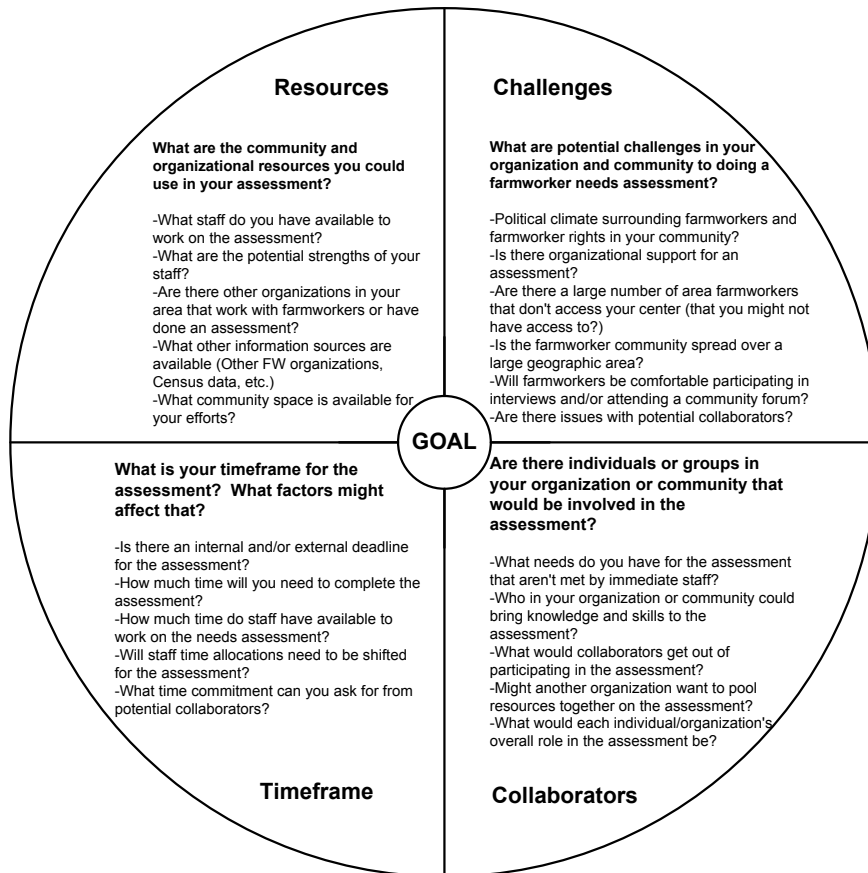
PURPOSE OF ASSESSMENT		
Define whether or not your assessment is meant to:	YES	NO
Meet certain funding requirements?		
Develop your program(s)?		
Determine how familiar the community is with your organization?		
Improve health care services to farmworkers?		
Improve health education and outreach services to farmworkers?		
Improve staff's understanding of farmworkers' cultural beliefs and practices?		
Identify and address the top health care needs of farmworkers?		
Identify and address the top social service needs of farmworkers?		
Target a certain subset of the farmworker population? (e.g., children, pregnant women, unaccompanied men)		
Collect baseline demographic and health information?		
Apply for additional program funding?		
Other purposes (such as...)?		



Lay Out the Big Picture

Now that you clearly understand the purpose of your needs assessment project, it is time to lay out the details of your project. When we use the term “big picture,” we are referring to the following categories that the assessment team will need to consider in order to plan the assessment:

- Resources
- Collaborators
- Challenges
- Timeframe



Identify Resources

After you have outlined your objectives for the needs assessment, determine the resources that will help you complete the project, including financial, material, and human resources (both internal and external).



Identify Secondary Data Sources. Determine what information already exists about the community or population group you want to assess. This type of data is called secondary data because it comes from a secondary source. Secondary data can help you because it gives you a head start on your own data collection. It can equip you with basic and necessary information on the farmworker population. It will let you know what data has already been collected so you do not repeat efforts and waste precious resources. It can also help illuminate gaps in existing data and provide direction for the content of your needs assessment. The use of secondary information is often an important data gathering method for research and needs assessment projects. Techniques such as focus groups, surveys, and interviews serve to supplement and enrich existing information and findings.

Initial places to look for secondary data include:

Internally at your organization

- Uniform Data System reports (federally-funded Community and Migrant Health Centers, Migrant Voucher Programs)
- Past needs assessment reports
- Your health center's medical records and other clinical data
- Annual Migrant and Seasonal Head Start Program Information Report
- Outreach encounter and case-management forms

Local level

- Local or regional agricultural departments
- Boards of Education/school districts
- County or state dental societies/associations
- Local mental health/chemical dependency providers
- Public housing authorities
- Homeless shelters and social service organizations' reports
- Local literacy council
- Local farm bureau
- Department of health, minority or multicultural health office
- Chamber of commerce
- Migrant and Seasonal Farmworker Enumeration Studies (Arkansas, California, Florida, Idaho, Louisiana, Maryland, Michigan, Mississippi, North Carolina, Oklahoma, Oregon, Texas, Washington) and GIS profiles of farmworker- enumerated states (<http://www.ncfh.org/?pid=19>). Two enumeration studies are in draft form as of the date of production for this report (Arizona and Georgia).



State Level

- State Office of Rural Health
- State Department of Health and/or Human Services
- State or local rural and/or farmworker housing organizations
- State health foundation
- State Mental Health Department
- State or county medical and dental societies



- State hospital association
- State Primary Care Association
- State or local Medicaid Office or Office of Public Assistance
- Managed care organizations
- State Department of Labor
- Cooperative Extension Service
- State and county horticulture and other agricultural associations
- State Office of Community Development
- State Employment Department
- State Minority or Multicultural Services offices
- State Office of Financial Management
- State population surveys (Northwest region only) (<http://www.indicators.nwaf.org>)
- Migrant and Seasonal Head Start agency, Migrant Women, Infant, and Child programs (WIC), Migrant Education
- Health and health insurance information by state (<http://www.statehealthfacts.kff.org>)
- California Institute for Rural Studies <http://www.cirsinc.org>
- HRSA grant awards by state and program (<http://stateprofiles.hrsa.gov>)
- HRSA geospatial data warehouse: selected data on births and deaths, Health Professional Shortage Areas, Medically Underserved Areas and Populations, hospitals, skilled nursing facilities and other Medicare-approved providers, 2000 U.S. population data from the U.S. Census, geographic data including census tracts, congressional districts, counties, States, roads, bodies of water (<http://datawarehouse.hrsa.gov/>)



National Level

- U.S. Census: <http://www.census.gov>, <http://quickfacts.census.gov>, www.factfinder.census.gov
- Center for Disease Control, Behavioral Risk Factor Survey (BRFSS): <http://www.cdc.gov/brfss/index.htm>
- Healthy People 2010: <http://www.health.gov/healthypeople>
- National Center for Farmworker Health, Inc.: <http://www.ncfh.org>
- Uniform Data System National Aggregate Data: <http://bphc.hrsa.gov/uds/default.htm>
[Reports](#)
- HOP's National Needs Assessment Reports: <http://outreach-partners.org/needs.html>
- National Agricultural Workers Survey: <http://www.doleta.gov/agworker/naws.cfm>



Determine what human resources exist. Start by accessing the human resources available at your organization that could be dedicated to the farmworker needs assessment. The assessment team, with guidance from administration, should take an inventory of all possible staff that can assist with the needs assessment. When identifying specific staff members, consider each according to specific skills, strengths, qualities, connections, and schedules. The following questions may help determine your staffing needs:

- What general skills will you need on the team to conduct the assessment?
- Which staff members have these skills AND the time available to participate?



- What official steps need to be taken to bring them onto the assessment team?
- What role(s) will each team member fulfill?
- How much time will each staff member be expected to devote to this project?
- How will individual workloads be adjusted to accommodate the time needed to conduct the assessment?

Conducting a comprehensive assessment often requires a significant amount of time and effort from multiple staff members. Try to maximize staff talents by determining which aspects of the assessment most appeal to them. Be considerate of staff members' existing workloads and adjust demands on staff time accordingly while they are participating in conducting the needs assessment. Taking these steps should ensure staff investment and help you produce a quality final product.



Photo courtesy of Manos Unidas, Inc.

Identify Possible Community Collaborators

Working with other community organizations can strengthen your needs assessment. You may decide to pool resources such as staffing and existing data collection tools. Doing so will allow you and your community to conduct a more comprehensive assessment that meets the goals of more than just your organization. Though this may take more of a logistical effort to put together, you may be able to reap the benefits of a more complete picture about your community. Consider working with your advisory group to help establish relationships with potential partners and determine if a comprehensive assessment is a viable option.

If your organization has limited resources, you might be able to recruit help from your local community to assist with your data collection. For example, the following organizations may be helpful in administering surveys or recruiting participants:

- | | |
|---------------------------|--|
| • Churches | • Soccer Leagues |
| • Hospitals | • Health Departments |
| • Social Service Agencies | • Migrant & Seasonal Head Start Agencies |
| • School Districts | • AmeriCorps Members |
| • University Students | • Community Service Organizations |

Do not limit yourself to seeking help just for data collection. There are many other ways that community partners can be involved. For instance, someone in the community may be able to lend you space to host a focus group discussion while another partner might provide you with incentives such as \$5 gift cards for each person who fills out a survey



***Sample* Community Resources Table**

Name & Title	Organization	Skills	Resources & Connections	Assigned Role	Availability	Comments
Maria Sanchez, Outreach Coordinator	Texas Migrant Education Council	Experienced with moderating focus groups & facilitating community meetings	Is well connected with area growers	Will handle all data collection with area growers	June-Sept	
Martin Hernandez, Community Outreach Leader	Sunrise Community Church	Marketing	Has good connection with FW leaders in community, can lend us space in church basement to conduct community meeting	Develop all fliers for community meetings and speak with leaders to generate participation	Anytime during the year, but can do this work on weekends after church only	
Cynthia Diaz, Professor	West Texas Community College, Dept of Public Health	SPSS, SAS and EpiInfo	Can perhaps get students and interns to help with data entry, analysis, and report writing	Data entry and analysis	Available more during summer and winter break and limited time during school year (5 hours/week max)	

Identify and Prepare for Challenges

Try to anticipate challenges during the planning phase of your assessment and prepare for how you will deal with them. Take the time to discuss them with your work group and advisory panel, then come up with a plan of action. Below are some examples of questions you should ask early in the process.

- What are the organizational challenges of doing a farmworker needs assessment?
- What are the challenges in our community of doing a farmworker needs assessment?
- What is the current political climate surrounding farmworkers and farmworker rights in your community?
- Are there a large number of area farmworkers that do not access the center that could access it in another way?
- Is the farmworker community spread over a large geographic area? If so, how can you reach out to them effectively despite this challenge?
- Will farmworkers be comfortable participating in interviews and/or attending a community forum?
- Are there issues to address upfront with potential collaborators?





Photo courtesy of La Clinica del Cariño

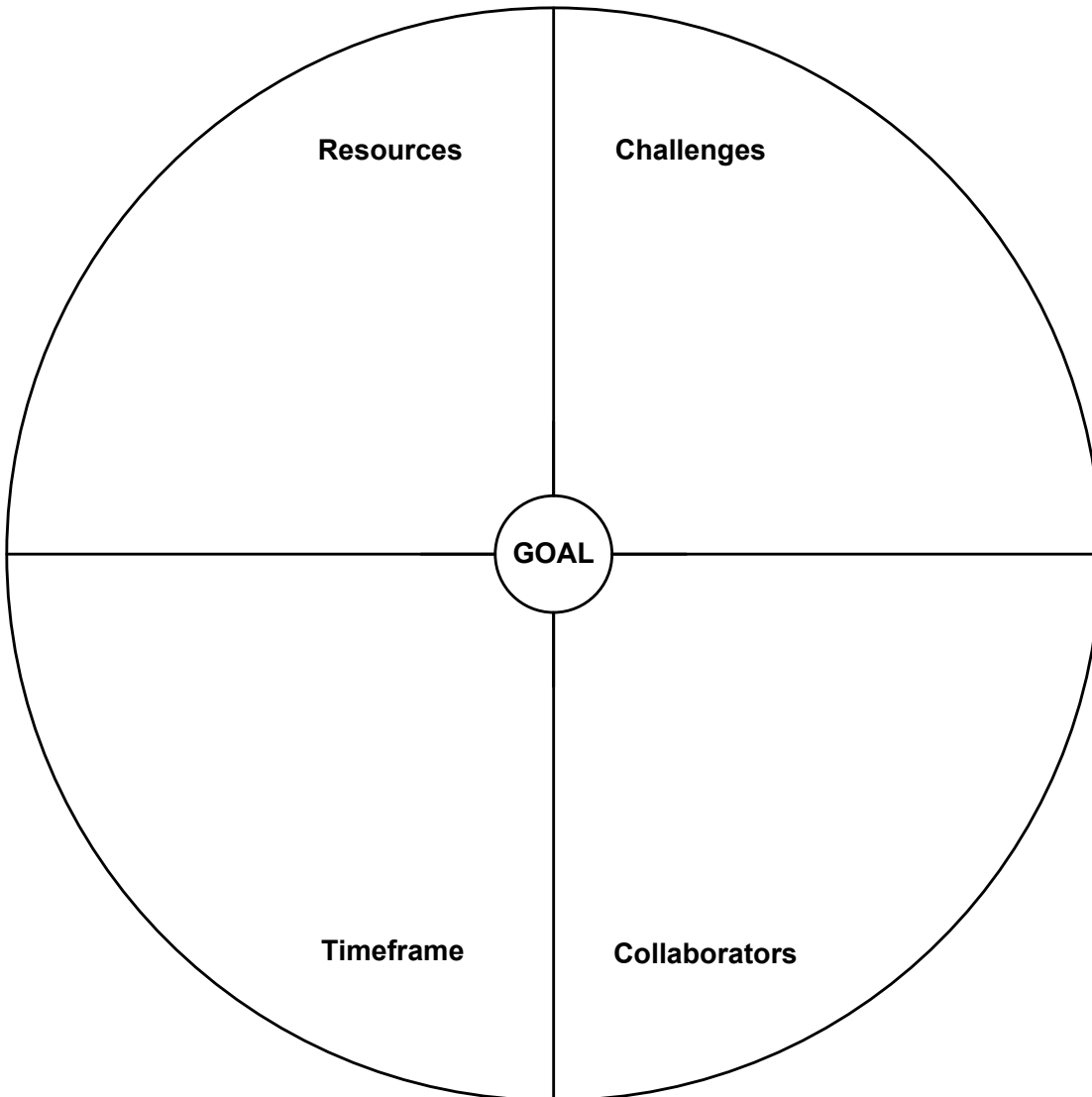
Determine the Needs Assessment Timeline

Much like determining the staffing needs, your work group will need to develop a timeline for completing this needs assessment project. Depending on the purpose of your needs assessment, you may have a predetermined deadline such as a funding request or meeting funding requirements, or you may have complete flexibility in determining your deadline.

Below are some other considerations regarding the determination of your timeline:

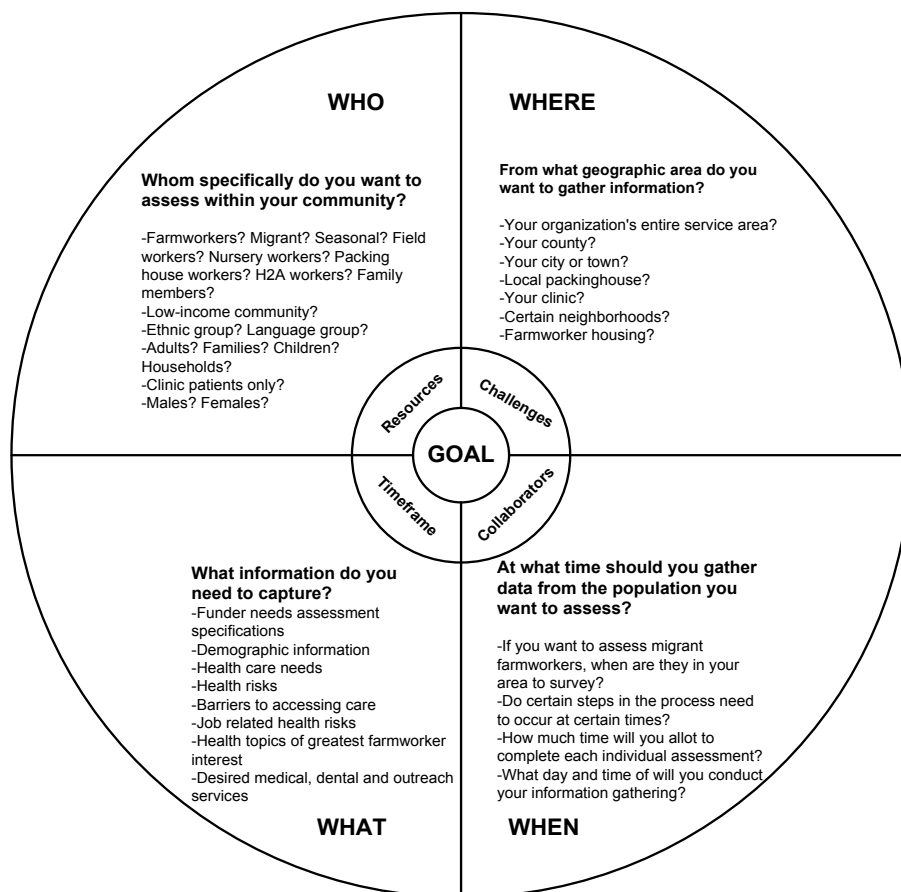
- Be realistic about the other commitments of your outreach team, including vacation schedules of staff. Be generous enough with your deadlines that prior commitments or existing expectations on staff time are adequately reflected in your timeline.
- Do not shortchange the time it will take to complete each phase of this process. Often, so much effort goes into planning, data collection, and data entry that data analysis, reporting, and program planning get crunched at the end. Work backwards from your desired endpoint. If you find that you have not allowed enough time to adequately complete each phase, either scale back the scope of your assessment, or modify your internal deadlines.
- If you decide to involve community partners in this process, add more time to complete the assessment. Though HOP recommends that you consider involving community partners in this process, be aware that this adds an extra layer of input and communication. Discuss expectations and time commitments with partnering organizations. Try to come to an agreement on a timeline that takes into account everyone's needs.





Lay Out the Little Picture

After considering the big picture issues, your team will also need to determine the little picture or the specific parameters of the project by clarifying key questions, such as 1) who you want to assess, 2) what you want to learn, 3) when you will be able to assess your population, and 4) what geographic area you would like to cover with your study.



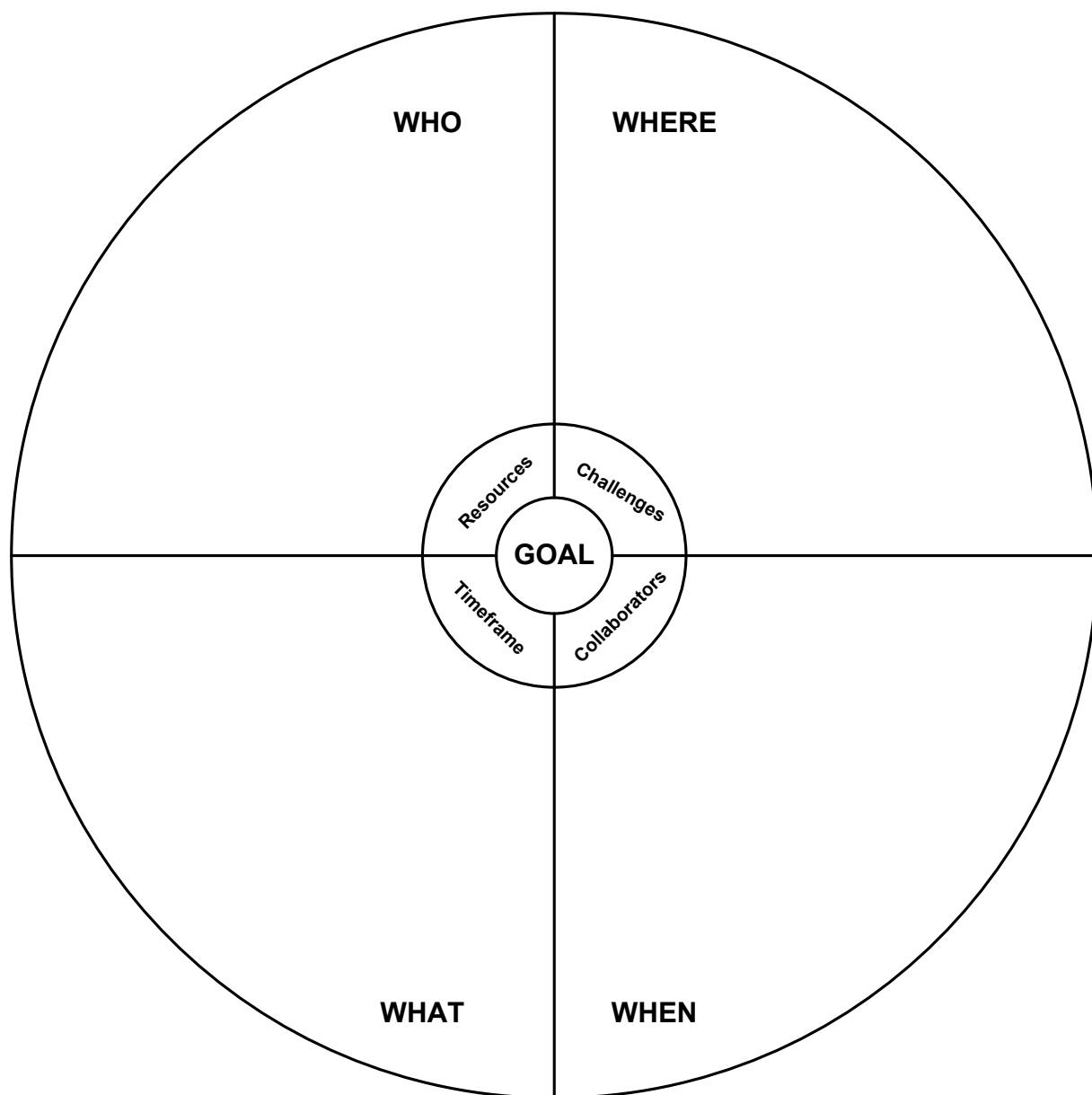
Below is a worksheet entitled “The Little Picture” for your team to fill out together. At the beginning of the assessment process, sit down with your assessment work group (include your advisory group if possible) and consider the *who*, *what*, *when*, and *where* of your project. Make sure to record what the group decides upon collectively.

Know your priorities and be prepared to let go of other less critical interests. You have limited resources so make the most of them!

Be careful! It is easy to want and collect far too much information. On the other hand, sometimes we cannot collect enough of the information we would like to have for decision-making purposes. Therefore, it is very important to think about how you will use the information before you even begin the assessment.







Define Your Objectives

Once you have completed the “little picture” brainstorming process, you will need to define the objectives of your assessment. Your objectives will be very specific, including information such as who you are targeting, what you want to learn, and how you anticipate using the information. Objectives should be measurable so you can evaluate your success at the end of your assessment. It is important for you to be able to clearly envision how you will evaluate your success in meeting your stated objectives.

Here are some examples of common objectives for a farmworker needs assessment. Notice how they can vary greatly in scope depending on what an organization wants to learn about their farmworker population.



Objective Example One: Clinica de Esperanza will be able to identify the top two barriers to accessing prenatal care by pregnant farmworker women in order to design an outreach campaign that will lessen the impact of these barriers.



Objective Example Two: Citrus Grove Health Center will determine how well its services are known amongst the migrant farmworker population within the community and identify two communication channels for reaching farmworkers with helpful information.



Objective Example Three: The farmworker needs assessment of Buena Vista Community Health Clinic will inform the outreach department which five health education topics would be most interesting to the area’s seasonal farmworker population.

Once drafted, determine if your objectives will enable your team to evaluate your successes. If you find that your objectives are not specific enough or measurable, then consider revisions. (For information on SMART objectives, see page 6-12.)

The specific, measurable objective(s) of our farmworker assessment is to:

Once you have prioritized what you want to know, look back at your purpose and verify that the priorities you defined in the “little picture” and your objective statements are consistent with the overall purpose of conducting the needs assessment. Prioritizing and refining the type and amount of information you desire will not only keep your assessment on track, it will also help you to determine the most appropriate community needs assessment techniques to use.



Develop a Needs Assessment Work Plan

With the big and little pictures completed, along with a staffing assessment and timeline, you have all of the key elements of a working needs assessment plan. Congratulations—getting your plan in place is just as important as implementing it! You have done a lot of work in the planning phase and you do not want to lose time later by reinventing the wheel. It may be tempting to skip this step but taking the time to record your work will prove beneficial as you move forward in your process. Below are some of the key rationales for completing your plan:

- Increase effectiveness and accountability: Your plan should outline what is to be done, what resources are available and needed, who will be responsible for completing each task, and when the task is scheduled for completion. Having these clearly laid out should decrease confusion and build in a system for checking the progress of your needs assessment project.
- Increase communication: Make sure everyone has access to the needs assessment work plan and reviews it regularly. This provides opportunities for clarification, correction of any mistakes within the plan, and decreases the likelihood of miscommunication among partners and staff members.
- Maintains focus: By following the agreed-upon plan, all participants can stay on task and keep the project moving forward.

The following page contains a template for your needs assessment plan so you can put all the pieces together in one place and refer to it to check your progress towards meeting your objectives.

Make sure to share the plan with your advisory group, Board of Directors, and key administrative personnel. It is important to seek their feedback before you actually begin the work. As decision makers in your organization, having their vested interest early on will ensure that the findings of your needs assessment are well received.



Photo courtesy of the Santa Clara County Office of Migrant Education



Sample Needs Assessment Workplan Template

Needs Assessment Plan for: _____

Objective: _____

Planning and Design				
<i>Create a plan for conducting our needs assessment. Choose 2-3 appropriate data collection tools.</i>				
Tasks	Resources Available or Needed	Staff Person in Charge	Timeline/Deadlines Frame	Progress Notes
Data Collection				
<i>Train assessment team members on how to administer the tools and techniques decided upon. Carry out the data collection.</i>				
Tasks	Resources Available or Needed	Staff Person in Charge	Timeline/Deadlines Frame	Progress Notes
Data Entry/Analysis				
Tasks	Resources Available or Needed	Staff Person in Charge	Timeline/Deadlines Frame	Progress Notes
Reporting the Findings				
Tasks	Resources Available or Needed	Staff Person in Charge	Timeline/Deadlines Frame	Progress Notes
Applying the Findings to Program Design				
Tasks	Resources Available or Needed	Staff Person in Charge	Timeline/Deadlines Frame	Progress Notes



DEVELOPING DATA COLLECTION TOOLS

You must determine which data collection tools will be best for your organization's needs assessment. You may choose to use various information-gathering techniques to help you obtain different types of information from different audiences. For instance, if you want to reach a large number of people quickly and touch upon a wide variety of topics, you may decide to use some type of survey. However, if you want to understand why pregnant farmworker women do not generally come in for pre-natal care during their first trimester, it might be prudent to organize several focus group discussions within your local farmworker community. An in-depth discussion may give you the clues needed to better plan your health education messages or modify your services to address any barriers that were identified in the focus group discussions.



When weighing which data collection tools to use, remember that additional considerations related to the farmworker population should be taken into account, such as culture, language, literacy, work conditions, mobility, access to services, and housing. Not all information gathering techniques will be appropriate for the farmworker population in your area.

Your data collection tools can combine both qualitative and quantitative aspects (see descriptions below), but some tools may encompass just one of these research methods.

Some of the possible information-gathering techniques your team could use include the following:

- Written surveys
- Face- to-face surveys
- Telephone surveys
- Key informant interviews
- Focus group discussions
- Group interviews
- Existing data
- Community forums
- Trained observer rating
- Community mapping

Qualitative research is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. Qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. The questions try to elicit greater understandings of perceptions, attitudes, and processes.

Quantitative research is the collection of numerical data in order to describe, explain, predict, and/or control phenomena of interest.

The following section contains a brief description of each method, along with the corresponding benefits and limitations.





Written Surveys

Written surveys are questionnaires that are mailed, faxed, or dropped-off at a residence and returned via mail. Surveys of this type may also be distributed to respondents, who complete it onsite or complete and return the survey via mail using a provided stamped and addressed envelope. Surveys can also be computer-based; they are sent out and completed electronically.

Benefits	Limitations
<ul style="list-style-type: none">• Questions and survey format are carefully created ahead of time, taking into consideration literacy level and language preferences of target population.• Does not require interviewer resources.• Less sensitive to biases introduced by interviewers. For example, respondents are less likely to answer as they think the surveyor wants them to.• Respondents can answer questions privately in their homes.• It is a more anonymous method for giving information on sensitive topics like income, legal status, or mental health.• Leave drop-off survey with intended respondent and not in a mailbox.• Especially useful in obtaining quantitative data but qualitative questions may be included as well.• Can be framed as random sample surveys.	<ul style="list-style-type: none">• Must verify and find correct addresses; survey is limited to addresses that the surveyor has access to. Obtaining accurate, up-to-date farmworker addresses can be difficult.• Survey only captures those that can read, understand, and write the survey language.• Survey must be well-written in order to “stand-alone;” no interviewer guides them through the content.• Surveyor cannot control who actually responds to the survey once it is mailed.• Immediate turnaround cannot be expected; allow time for completion and return of survey.• Risk of a poor return rate, as respondents may choose not to mail the survey back. If feasible, allow time for follow-up reminder postcards or phone calls.• Computer-based surveys necessitate access to computers; not a viable option for the majority of farmworkers.



Face-to-Face Surveys

These surveys involve an oral, one-on-one interview, using a written questionnaire. They often take place where the responding community member lives.

Benefits	Limitations
<ul style="list-style-type: none">• Uniquely suited for populations, like farmworkers, for whom there is no list or who are not likely to respond willingly or accurately by phone or mail.• Amenable to lower-literacy populations. Make sure questions are written at correct grade-level of target population (7th grade is highest average grade level completed).• Good for complex questionnaires.• Strength in this approach is gathering rich qualitative data.• Can be framed as random sample surveys.	<ul style="list-style-type: none">• Coordinating interviews can be time-intensive and expensive, especially when interviewee does not have phone access or when spread-out geographically.• May require vehicle access to meet with interviewees.• Best when interviewers have experience or have been trained in why the research is being done, the format of the questionnaire, and sound interviewing techniques.• Good supervision is key as even the best-trained interviewees run into problems that will need immediate attention.





Telephone Surveys

A series of questions are asked of the respondent via telephone. Generally, no physical interaction occurs between the surveyor and the person being surveyed.

Benefits	Limitations
<ul style="list-style-type: none">• Can be completed and produce results in a short time period.• Questions are carefully written ahead of time, taking into consideration literacy level and language preferences.• Process is more amenable to addressing problems as they arise with the survey or interview format than other methods.• Interviewer has greater control than with other methods – she can select the respondent in each household and get complete responses to the entire questionnaire.• Telephone surveys can be scheduled at farmworker-friendly hours.• Especially useful in obtaining qualitative data but quantitative questions may be included as well.	<ul style="list-style-type: none">• Survey sample is limited to those with a telephone and listed number.• Must verify and find telephone numbers.• Interviewer may miss useful data from facial expressions and body cues.• Interviewer bias possible through leading questions, vocal intonation, and respondents answering as they think the interviewer wants.



Key Informant Interviews

Key informants are community leaders who are knowledgeable about the community being assessed. Informants are asked to identify community needs and concerns through a face-to-face survey or interview.

Benefits	Limitations
<ul style="list-style-type: none">• Meet with only one person at a time.• Allows for sharing history/trend information.• Information comes directly from knowledgeable people in the community.• Allows for exploration of unexpected information.• Can be easily combined with other data gathering techniques.• Can ask questions that people are uncomfortable answering in a group.• Strength in this approach is gathering rich qualitative data.	<ul style="list-style-type: none">• Not efficient for reaching a large number of people.• Must select the right informant(s).• Can be difficult in terms of coordination, time spent, and the relationship-building process involved.• Informant(s) may have biased view(s).• May be susceptible to interviewer bias.• Cannot be generalized to whole community.• Not appropriate if you need quantitative data.





Focus Groups

A focus group consists of a small number (8-12) of relatively similar individuals who provide information during a directed and moderated interactive group discussion. Possible discussion participants could include farmworker women, farmworker men, providers, health agency representatives, etc.

Benefits	Limitations
<ul style="list-style-type: none"> Groups give rise synergistically to insights and solutions that would not come about without them. Allows for exploration of unexpected information. Moderator can request clarification and detail in the discussion. Can select whom you wish to target for group. Relies on focus group discussion guide, for the moderator's use, to keep the discussion directed. Make sure to address interpretation, transportation and childcare needs, if appropriate. Strength in this approach is gathering rich qualitative data. 	<ul style="list-style-type: none"> Groups may be hard to coordinate. Group dynamics may influence individual responses. Many cultures have established norms about who may speak to whom and when. Must have a moderator for successful outcome. Susceptible to moderator bias. Groups may be hard to coordinate. The group is not randomly selected, so generalizations cannot be made about the entire community.



Group Interviews

Group interviews are used to gather information from a number of farmworker clients or health center/program staff brought together by a facilitator. An interviewer usually asks a series of yes/no questions and records responses. Possible opportunities for group interviews include: before or after a health education session, during a small group event at a health fair, or while talking to a few people at a social event.

Benefits	Limitations
<ul style="list-style-type: none"> A quick way to gather information from a large number of people. Survey a large number in a short time; straightforward and efficient method. Can be facilitated by an outreach worker, health educator, or other person working to gather information from a group of farmworkers. Respondents answer yes/no questions about behavior, beliefs, knowledge and future plans. Can capture self-reported changes as result of an action/intervention. 	<ul style="list-style-type: none"> Individuals may be influenced by the group. Limited to yes/no questions. Facilitator bias can influence group response. Does not provide rich, qualitative information.





Existing Documents or Data

This approach uses existing sources of information and statistical data to learn what other health center staff, agencies, or universities have gathered through assessments, programmatic data, evaluation, or other studies.

Benefits	Limitations
<ul style="list-style-type: none"> • Avoids duplication of data. • Can take less time than other approaches. • Can be less costly than other methods. • Can offer information not available through other techniques. • Can yield quantitative and/or qualitative data. • Can include other researchers' statistically-valid study results. • Can foster or reinforce collaborative efforts within health centers or between organizations. • May identify gaps in farmworker-specific data collection needs, upon reviewing existing sources. • This method is much less invasive and simply relies on existing information. 	<ul style="list-style-type: none"> • The data can be outdated. • The scope of the information you gather will be limited to what has already been gathered. • Data rarely come directly from the population you are trying to assess. • The results may not capture exactly what you need. • Data may not be accessible due to various factors (e.g. HIPAA, incompatible systems, etc.).



Community Forums

A community forum is a gathering of individuals from the community to discuss or address an issue or concern. The value of a community forum is that it is an activity where community members participate together to draw attention to community-wide needs. Possible forum participants include community agencies, farmworkers, growers, or crewleaders.

Benefits	Limitations
<ul style="list-style-type: none"> • Sets the stage for longer-term building of coalitions. • Specific information about emerging program opportunities and needs. • Provide opportunities for immediate feedback and clarification of issues. • Legitimization of future program plans; clients are more likely to participate in programs for which they have had prior input. • Promotion of interagency cooperation in addressing critical issues. • Can be planned to address interpretation and childcare needs, if appropriate. • Can be organized for a time that is amenable to farmworkers' schedules. • Can be scheduled at a place where public transportation options are accessible. 	<ul style="list-style-type: none"> • Domination by individuals or groups may skew data collected. • Individuals may be reluctant to express concerns/feelings in a group setting. Consider full group and small group discussions. • More challenging to moderate than focus group discussions (due to larger group size). • Be aware that some community members distrust assessments. Some communities may have been assessed too much and may not be receptive to data collection efforts because they don't think anything will happen or they may be worried the data will be used against them. • Not appropriate if you need quantitative data. • May be difficult to coordinate. • May involve high cost.





Trained Observer Ratings

Trained observer ratings are used to gather information by having the observer look, listen, and note what is occurring in a particular setting. The observer takes notes and later analyzes them along with other observations to look for trends and succinctly present what they observed and why. Possible locations for observation include farmworker camps or homes, fields, and social events.

Benefits	Limitations
<ul style="list-style-type: none">• Useful for collecting information in settings where interviews may not be feasible; for example, for assessing farmworkers' hand-washing in public areas of the farmworker camps after pesticide exposure or access to wash facilities in the field.• Less invasive than other methods.• Useful when topic is sensitive or setting isn't conducive to more explicit, structured methods.• Can be conducted by an outreach worker, health educator, or other person working to gather information from a group of farmworkers.	<ul style="list-style-type: none">• Limited to activities that can be observed; lacks direct insight about the observed perceptions.• Not efficient method for obtaining quantitative data.



Community Mapping

Community mapping is a way to visually represent information about a community by geography or location through mapping out neighborhood assets, resources, agencies, and organizations that are important to the farmworker community. Items to map may include churches, head starts, health centers, hospitals, food banks, farmworker camps, pharmacies, schools, legal services, social services, etc. For more information on Community Mapping, See *Chapter 2: Maximizing Your Resources*, page 2-18.

Benefits	Limitations
<ul style="list-style-type: none">• Makes patterns based on location easily identifiable.• Can help identify the various potential contact points within the farmworker community.• Help determine what resources are available for collaboration and assistance.• Can help identify potential barriers to services or gaps in services available.• Not invasive.• Can be conducted with outreach workers, health educators, farmworkers, or other persons familiar with the farmworker community.	<ul style="list-style-type: none">• Limited to the knowledge of those participating in the mapping, thereby potentially affecting accuracy.• Cannot answer questions of how or why.• Interpreting findings can be subject to bias.



Modifying Existing Tools

Before you develop a completely new needs assessment tool like a mail survey, consider adapting one that already exists. It could be one you have used in the past or samples of tools that HOP can share with you. Doing this can save you time and effort, especially if the questions are targeted to what you would like to learn.

In general, modifying existing surveys to fit both your community and the purpose of your needs assessment can be done more easily than modifying key informant interview guides or focus group discussion guides. These types of guides tend to cover very specific topics and may be too narrowly tailored to suit your needs. By referring to an existing tool, you will have a place from which to start so you do not have to develop something from scratch. If you do choose to use an existing tool, it is essential to the success of your effort that you adapt it to your community.

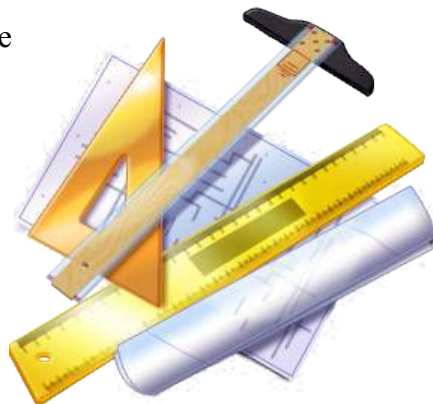


Photo courtesy of Clinicas de Salud del Pueblo

Developing New Tools

If modifying an existing tool will not meet your needs, it is time to develop new ones. Since many tools require you to ask questions to farmworkers, make sure the questions are clear, well-written, and in an appropriate order. We all ask questions every day of one another, so it may seem that coming up with survey and focus group questions is easy. But that is not necessarily the case. Ensure that the questions aren't unnecessary, vague, or leading.

Once you have a draft of your questionnaire or question guide designed, share it with your advisory group, key community members, and organizational staff to read and provide feedback. As people who have not been directly involved in the development of the tool, they will be able to see the flaws in the proposed questions that you may miss. You may discover that some of the wording in your survey is not appropriate or questions in your focus group guide could be worded more simply to effectively convey the same idea.



CONDUCTING THE ASSESSMENT

Pilot Testing Your Tools and Methods

Before your team begins to use the tools you have developed, pilot test them to 1) make sure they will work well in your community, and 2) ensure that they make sense to the community members who will participate in the assessment.

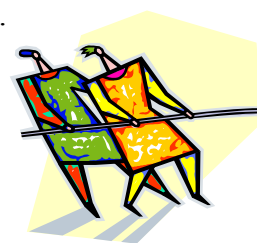
Your team should pilot test the tools with respondents that reflect your target population. For a face-to-face survey, have the people who will administer the survey test it with a sample of respondents. This rehearsal will not only provide the survey administrators with practice before starting the data collection phase, it will also allow them to verify that the survey flows well. To test your focus group question guide, try asking the questions to a pair of respondents to verify that the questions make sense.

Though you may have developed two questions that seem to ask about two different things, the responses from your trial run may indicate that the questions actually generate very similar responses. In this case, you may choose to revise or eliminate one of the questions.

The strength of pilot testing is being able to put your tools to a dress rehearsal before you begin your data collection. Though it requires an additional effort on your part to pilot test, you can foster a relatively smooth data collection process. You can feel confident that your tools will generate consistent responses that can be effectively compared and analyzed.

Training Your Team on Data Collection

Once you have determined, developed, and field-tested your tools, the next step is to prepare your team to implement the data collection.



When working with data, it is important to strive for consistency, whether it be collecting, entering, or analyzing the data. This consistency can be achieved by taking the time to train staff, creating opportunities for “trial runs,” and testing them on their abilities before they are asked to perform. Taking the steps to make sure that staff are adequately prepared to carry out each task will ensure that your findings are accurate and not corrupted due to staff error.

Possible Training Considerations for Data Collection

Though the training content will vary depending on the data collection tools selected, some of the more common topics for data collection training include:

- How to approach and invite farmworkers to participate in the assessment
- How to achieve a random sample
- How to administer a telephone, written, or face-to-face survey
- How to facilitate a focus group discussion, community forum, or group interview
- How to conduct a key informant interview
- How to collect and document qualitative data (focus group discussion, community forum, or group interview)



Setting Up Logistics

Besides making sure that you have staff members equipped to carry out your assessment, you need to also address logistical concerns.

For instance, if you decide to hold focus group discussions in five different grower-provided housing areas, you will need to:

- Seek permission from each of the growers to hold these discussions
- Find a distraction-free location where farmworkers will feel comfortable to participate
- Advertise to get an *adequate* number of the *right* participants
- Make sure that staff have all of the necessary materials to carry out the assessment
- Identify incentives for participants

Handling the logistics of your community assessment does not have to be challenging, but it does require pre-planning. Ideally, someone should oversee it that has an eye for detail.

Keeping the Farmworker Context in Mind

Ensuring that your needs assessment is high quality is more than just being open and proactive to learning about farmworkers' needs or finding enough farmworkers to survey. It also includes being sensitive to their situations when you are in the community conducting the assessment.

Before you go out into the community, discuss with your team what is reasonable to request of your assessment participants. By considering the following, you will be able to gather data in a way that shows sensitivity to the lifestyles and challenges of farmworkers. Not only will your team set a good tone for your current data collection, but it will also set the stage for future data collection efforts.



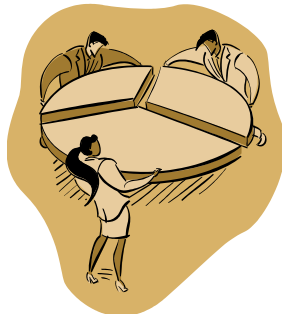
- Consider farmworkers' attention span after a full work day or the value of their Sunday off from work when designing your assessment tools. A 30-minute, face-to-face survey may be too much to ask of your respondent.
- Consider the time of day you approach farmworkers and their families. What might be going on in their lives that could preoccupy them while you try to interview them? Are they on a short break from work only? Is this the same night that your respondent normally goes to the laundromat? Be open to coming back another time or speaking with them at a different location if that is more suitable.
- Make extra effort to provide incentives to compensate your respondents for their time and energy. This compensation doesn't need to be monetary. For example, you could provide childcare while they are answering a survey or a voucher for food at a local market.



USING YOUR FINDINGS

Share Your Findings

Remember that when conducting this needs assessment, you are accountable to both the community you assessed and also to your organization, which put forth the interest and resources in making this happen. It is important to share the findings both internally and externally. Internally, you may wish to share the findings with administration, clinic staff, Board of Directors, your Advisory Group, and other interested or involved staff members. Externally, you can share the findings with community collaborators, funders, local/county government officials, and most importantly, the farmworker community you surveyed.



You will do a great service to the wider community if you share your findings broadly with organizations and individuals that could use your data to better serve the farmworker community. Given the lack of available research on farmworkers, the needs assessment can contribute to a better understanding of their needs and challenges. In addition, by providing these organizations and agencies with information about the farmworker community, you may in fact facilitate the influx of additional funds or programs or create a new awareness.

Use Findings to Inform and Adapt Your Activities and Services

As mentioned earlier, HOP hopes that your assessment process does not end once you have met your obligation to report your findings. Though this step is critical, we want to make sure that you put your findings to work for the benefit of your own organization. More than likely, the assessment took significant staff time to complete. Be sure to reserve the time and energy to implement changes to your program based on the results. Ideally, your organization has learned a few new things or perhaps a new way to look at ‘old issues.’ The good news is now you have the hard evidence to guide your actions!

In *Chapter 6: Program Planning*, we will go into more depth about developing an outreach plan. We will discuss how needs assessment findings can and should serve as a key source of information when developing your outreach program plan.

Use Findings to Apply for Funding

A final and very common reason for carrying out a needs assessment as part of your outreach program is to gain additional funding. Funders expect organizations seeking funding to have a thorough understanding of the community they are proposing to serve and be able to illustrate how their program will address the established need. Having hard evidence to back up your proposal is very powerful. Having done the groundwork of a needs assessment may set your organization apart from other organizations vying for the same pool of funds. Such an advantage can make the difference between being awarded the funding or not.



CHAPTER 6:

OUTREACH PROGRAM PLANNING



Photo courtesy of Clinicas de Salud del Pueblo

In this chapter you will find...

- **Preparing for the Planning Meeting**
- **Conducting the Planning Meeting**
- **Writing the Plan**
- **Keeping the Plan Active!**

INTRODUCTION

There are many ways to plan. The important thing is to devise a plan that is useful to both you and your organization. You do NOT want your plan to end up where so many do – on the shelf collecting dust. By incorporating this chapter’s recommendations, your plan should remain effective and dynamic.

This chapter is broken into four steps:

Preparing for the Planning Meeting	6-3
Conducting the Planning Meeting	6-6
Writing the Plan	6-11
Keeping the Plan Active!	6-18

Why Conduct Outreach Program Planning?

Build Consensus—Creating consensus among the outreach program ensures that all staff are motivated to complete the objectives identified on the program plan.

Communicate Goals—Establishing goals at the planning stage clearly communicates the driving force of the program.

Allocate Scarce Resources—During funding cuts, outreach programs are often the last to be funded and the first to go. Careful planning can enable your program to allocate the funds it does have; this makes it easier to ensure budgeted funds last for the entire year.

Set the Pace—Staff members already have full schedules. Planning makes it easier to equalize workloads and allows staff members to know what projects are coming.

Establish Accountability—Planning provides you with an opportunity to clearly delegate responsibilities; it also holds staff members accountable to these responsibilities.

Enhance Creativity—Inviting the entire staff to share and discuss innovative solutions can result in your program thinking as creatively and strategically as possible.

Build Staff Rapport—Giving staff an opportunity to provide input into the program design makes them feel included and can revitalize them to work hard to see the program succeed.

How Can HOP Assist You Further?

If you would like further assistance with planning, please visit www.outreach-partners.org and click on “contact us.”

Specifically, HOP can help you:

- Develop goals and objectives
- Facilitate program planning
- Set benchmarks
- Focus activities to meet your broader organization goals



PREPARING FOR THE PLANNING MEETING

Prior to your planning meeting, be sure to prepare effectively so you can create a realistic and useful program plan. Outlined below are the basic things you should prepare before the planning meeting. Share these materials with the outreach team so they know the context in which they're planning.

Review Overall Organization Plan and Strategic Plan

Most organizations have organization, strategic, and/or health care plans. Be sure to obtain a copy if you don't already have one. Before beginning your outreach plan, remember to verify the activities and commitments for which your outreach program is responsible. Separate the objectives pertaining to outreach and use them to guide your program planning.

The strategic plan is a very useful document that outlines the direction in which your organization is heading. Make sure every outreach activity directly supports one or more objectives delineated in the strategic plan.

Identify Funder Commitments



Your organization is accountable to its funders. Look at grant proposals to find out which activities you must complete over the next year, and mark those as your base activities. Consolidate those activities on one document and share with the outreach team.

Identify Resources, Budget, and Collaborators

Learning what resources are available will help determine which activities you can undertake over the next year. Make sure you can answer the following questions before conducting program planning. Knowing these answers will ensure that the direction of the planning meeting is both reasonable and attainable.

- What is your annual budget?
- Do you need to do additional fundraising?
- How many staff do you have?
- Do you have room in your budget to hire additional staff?
- What material resources are currently available?
- Do you need to purchase additional material resources?
- What other community resources can your program utilize to help it fulfill its objectives?



Create a Timeline of the Season

Sometimes it helps to have a year-long visual of all the outreach activities you plan to carry out. This will help guide your focus during busy periods when farmworkers are in the fields and anticipate slower periods where you can hone in on planning and hiring. On the following page you will find a template with instructions.

For a year-round program with a farmworker season that peaks from June to August, the timeline may include the following during slower and busier months:

March



- Offer seasonal positions and hire staff
- Start checking early-arrival camps for farmworkers
- Conduct outreach with new staff
- Draft workplan for farmworker festival

June

- Visit camps
- Conduct 90-day performance reviews with outreach staff
- Survey staff about new interpreter protocols
- Clean outreach vans!

Summarize Needs Assessment and Evaluation Results

There's no better time to incorporate needs assessment and evaluation feedback into your program! Summarize the results, share them with your outreach team, and use the results to decide how to adjust or improve your programs to meet the needs of farmworkers. Be sure to refer to *Chapter 5: Conducting a Farmworker Needs Assessment* and *Chapter 7: Evaluating your Outreach Program* for more information.



Photo courtesy of Health Initiative of the Americas



Timeline for Farmworker Health Outreach Season

Year 20__

February	April	June	August	October	December	
January	March	May	July	September	November	

Guidelines: map out your year by including 1) key trends in your community (i.e. when migrant farmworkers arrive/leave, crop harvesting periods), 2) key program activities that you plan on conducting, and 3) other activities that may impact your program.



CONDUCTING THE PLANNING MEETING

Who Should Attend the Planning Meeting?

The people involved in the planning meeting can include anyone in the organization, though it should include stakeholders from your organization who have an interest or responsibility in farmworker health. For example, it could include providers, outreach staff, front desk staff, mental health staff, and management from other departments.



Photo courtesy of Avenal Community Health Center

Decision-Making Process

Though there are many ways to reach a decision, one works particularly well in program planning: group provides input then management makes decisions. By embracing this style, management facilitates a positive meeting environment and is still allowed flexibility down the road when writing the plan.

The planning meeting provides an opportunity for creativity and input. Management can take the input shared during the meeting and then make final decisions while considering all other responsibilities.

For more decision-making models, see *Chapter 4: Motivating and Retaining Outreach Staff*, page 4-6. Whatever the decision-making process may be, let staff know from the start. This way, you can avoid any false expectations.



Facilitation & Group Dynamics

The outreach program manager is ultimately responsible for the outreach program, and is the best person to facilitate the planning meeting. An external facilitator could also guide your program through planning; this option works best when either your program has a new outreach manager or is in the midst of a transitional period.

When facilitating the planning meeting, keep in mind that you are fostering creativity. Be careful not to stifle it! Try the following strategies to encourage equal participation in the group:

- Keep the Meeting Moving – Avoid stalling on one topic, participants will feel more engaged and willing to participate.
- Establish Ground Rules – At the beginning of the planning meeting, work with the group to develop ground rules that strive to respect everyone. Write “Ground Rules” at the top of a flip chart and ask for suggestions. Some examples include: only one person speaks at a time, promptly return from breaks, stay positive, respect other’s opinions, etc.
- Start a Parking Lot – Allow topics to be “parked” and addressed later. This tactic encourages the group to stay focused without neglecting issues that participants raise. Return to the “Parking Lot” at the end of the session and determine when the group will address parked items.
- Divide Into Small Groups – Creating subgroups enables increased participation and brainstorming. Always ensure that groups have time to report back to the larger group once they are finished. Find some creative ways of breaking up into small groups in *Chapter 9: Outreach-Centered Health Education Recipes* on page 9-6.



Photo courtesy of Ellenton Health Clinic Farmworker Health Program

- Get Everyone Involved – By giving the entire group a role in the meeting, participants will feel more vested in the process, and more likely to participate. Try assigning each participant as lead for at least one activity.
- Energize the Participants – Energizers are important in the productivity of the group because they help keep everyone engaged and active. Energizers do not have to be planned; sometimes you just have to “mix things up.” Energizers could include: breaks, food, fresh air, activities, brief calisthenics, or moving seats.



Components of a Program Planning Meeting

Planning meetings can be structured in a variety of different ways and contain various components. Those listed below mirror the sample agenda on page 6-10. Consider including time on your agenda for these topics. Remember, you are not just planning your program services for next year, you are also teambuilding, motivating, and improving internal process at the same time.

Welcome & Introduction: During the meeting introduction you will be setting the stage for the planning meeting. What you do during this first segment will set the tone for the rest of the meeting. Use this time to review the agenda, reach consensus about what will be accomplished during the meeting, and layout the planning process from beginning to end. This is a great time to create ground rules and a parking lot (see facilitation and group dynamics on page 6-7).



Team Building: An important component of every planning meeting is team building. Plan at least two teambuilding activities to encourage participants to work together and reach a common goal. For teambuilding ideas, see *Chapter 4: Motivating and Retaining Your Outreach Team*, page 4-31.

Progress Report: In order to establish goals for the upcoming year, it is important to visit your previous year's accomplishments: Which goals did you meet? Which did you exceed? Which goals fell short? If your program performed as expected or better, this portion of the planning meeting tends to be congratulatory in nature and makes staff feel proud about their accomplishments.

Focus on Improving Internal Processes: During program planning, you will want to not only find new and innovative ways to serve farmworkers, but also look internally to identify ways to improve process. Management can either choose processes or topics to discuss beforehand, or you can solicit topics from participants during the meeting. Remember to remain open minded and not get offended. This is an opportunity for constructive feedback and should be taken seriously; addressing this feedback will improve employee satisfaction. Potential topics that may come up include: management style, how to handle case management internally, how assignments are given, scheduling, and data-collection forms.

Depending on the candidness of your staff, this may be a difficult piece to facilitate. Consider offering anonymous ways for staff to contribute, such as the activity outlined below.



Addressing Uncomfortable Topics Activity

- 1) Post two pieces of flipchart on the wall.
- 2) On the first flipchart, write “what three outreach processes work really well?” On the second, write “what three outreach processes could be improved upon?”
- 3) Hand meeting participants sticky pads and ask them to answer each question. Each answer goes on one sticky note.
- 4) Management should leave the room to ensure anonymity. Management can still answer the questions, but should do so when they return.
- 5) Now arrange the answers into categories and ask the group to vote on their top 2-3 options on which to focus. This can also be done anonymously.
- 6) Spend the duration discussing ways to improve the chosen internal processes. If staff are still hesitant to contribute, consider adapting this activity by asking, “What are three potential solutions to improving this process?” Another option is to ask staff to complete an anonymous written survey after the meeting.

Review Background Information Impacting Program Plan: Before you can get started with brainstorming and strategizing next year's activities, staff need to know everything that may impact the outreach program. Most importantly, your funding requirements will dictate the majority of your activities and services. Share these objectives with staff beforehand (see “Identify Funder Commitments” on page 6-3). Also, this is a great place to utilize your needs assessment and evaluation findings (see “Summarize Needs Assessment and Evaluation Results” on page 6-4).

Identify New Strategies for Serving the Farmworker

Community: This is the heart of your program plan. Use this opportunity to brainstorm new and innovative ideas to serve your farmworker community. Consider searching HOP's Innovative Outreach Practice Database at www.outreach-partners.org to find strategic ways your program can better serve farmworkers. Have an idea? Try publishing it in HOP's *Innovative Outreach Practices Report*.



Wrap-up/Next Steps: Important to any meeting, next steps provide the group with a sense of closure. Be very transparent with how and when you will use the information gathered.



***Sample* Program Planning Agenda**

9:00 – 9:30 am	Welcome, Introduction, and Teambuilding Review agenda, goals and objectives Teambuilding exercise
9:30 – 10:00 am	Progress Report Review last year's goals, successes, and shortcomings
10:00 – 10:10 am	Break
10:10 – 12:00 pm	Focus on Improving Internal Processes Review patient feedback or other patient satisfaction indicators How can we improve efficiency? How can we improve data collection efforts? How can we improve internal communication?
12:00 – 1:00 pm	Lunch Break
1:00 – 2:00 pm	Review Background Information Impacting Program Plan Present needs assessment summary Present program evaluation data Review this year's funding requirements and other program mandates
2:00 – 2:10 pm	Break
2:10 – 4:00 pm	Identify New Strategies for Serving the Farmworker Community Brainstorm additional activities to improve effectiveness
4:00 – 4:30 pm	Wrap-up/Next Steps



WRITING THE PLAN

If you had a successful program planning session, writing the outreach plan will be a cinch! A little extra effort now will save time in the future by providing a clear direction for the program.

An outreach plan promotes individual ownership over program activities by carving out a role for each person. Furthermore, it provides an opportunity for the outreach manager to monitor staff performance based on written objectives and timelines.

Outreach program plans come in many forms. The way you set up your program plan will depend on your organizational structure and the type of funding you receive. Knowing that your outreach program plan should fold into a broader organization healthcare plan, it's best to build your outreach program plan similarly.

In general, outreach program plans should remain somewhat broad; do not micromanage each activity. By keeping it broad, your plan becomes more succinct and easier to read, thus giving you and any possible reader the “big picture” of your outreach program.

If you want to outline specific steps for each activity, consider instituting the use of individual project plans or timelines for specific projects and activities that contain enough detail for staff to implement easily. Also, maintaining individual work plans is another way to capture the necessary planning details to ensure key steps are not overlooked.



Components of your Outreach Plan

In the back of this section, there is a sample outreach plan along with an outreach plan template. Feel free to modify the template to fit your own style. Even if you prefer our design, it may make sense to model your outreach plan on your organization's overall planning document. This way everyone who reads your outreach plan internally will know how your plan directly relates to overall organizational priorities and plans.

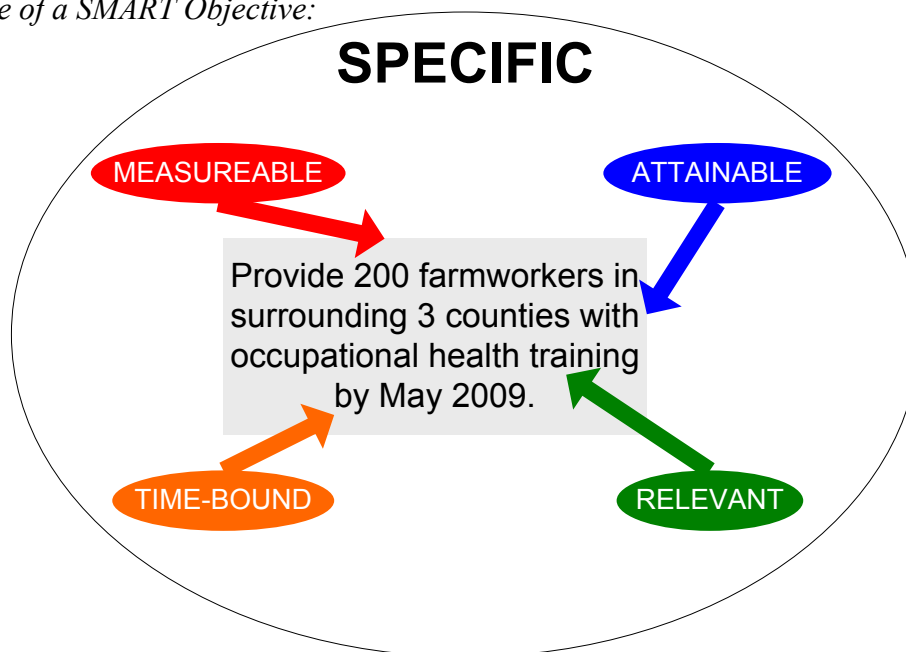
Goal: Goals are broad statements of intent that provide focus or vision for planning your overall program. Many times, goals are influenced by a mission statement, organization management, or board of directors.

- *Example: Improve the health and well-being of farmworkers in our community.*



Objectives: Objectives are concrete statements that break down your overarching goals into manageable chunks. They provide parameters for designing your activities. Each objective should directly support your overall goal and be SMART (**S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-bound).

- *Example of a SMART Objective:*



Key Activities: Key activities are actions needed to fulfill objectives. Activities should directly support objectives.

- *Examples: Host a health fair in order to market organization services and increase health screenings, identify new HIV/STI resources to strengthen health education efforts, hire one new outreach staff to reach more farmworkers.*

Responsibility: The responsibility component defines the specific person who will carry out each activity. This column strengthens accountability among staff.

Timeline: The timeline helps you plan the start and finish of every activity. Another option is to include the due date for each activity. Set firm deadlines so that your activities continue to progress. If some of your activities are completed throughout the year on an as-needed basis, you can also write “as needed” or “ongoing.”

Evaluation Indicators: The evaluation indicators represent the information you will use to measure the progress towards meeting the objectives. Indicators are often stated in numbers, frequencies, and percentages. When possible, include the timeframe in which you will “check



your progress” towards meeting your objectives. See *Chapter 7: Evaluating your Outreach Program* for more information on evaluation indicators.

- *Examples: # of encounter forms completed, revised group health education forms, # of farmworkers attending health fair.*

Progress: This section is great for periodically updating your staff and management team on the progress of your program. This section helps ensure that your outreach plan is an active planning document.

Overall Outreach Goal: *Improve the health and well-being of farmworkers in our community.*

Objective	Key Activities	Responsibility	Timeline	Evaluation Indicators	Progress
1) Provide health screenings to 1,000 farmworkers	Host health fair, visit every farmworker residence at least once per month, explore community collaboration opportunities	Outreach Manager, Outreach Staff	March 1 - August 31, 2009	# of encounters completed, # of farmworkers attending health fair, # of referrals made as a result of health screenings	As of May 1, 264 screenings conducted



Photo courtesy of Radio Bilingüe



SUNSHINE VALLEY HEALTH CENTER (SVHC) OUTREACH PLAN SAMPLE

- **SVHC Health Care Plan Goal (Goal D):** Over the next three years, diabetes prevention and disease management information and treatment resources will be made available to SVHC users.
- **SVHC Health Care Plan Objective (Objectives D.1):** SVHC has documented education strategies to address disease management program to address diabetes by 08/07.
- **Sample Farmworker Outreach Program Objective:**
 1. Sunshine Valley Health Center's Farmworker Outreach Program will educate a total of 75 diabetic farmworkers on managing diabetes in at least 5 farmworker camps by end of August 2007.
 2. The Farmworker Outreach Program of Sunshine Valley Health Center will ensure that 75% of all farmworkers identified at high risk for diabetes during outreach are screened by October 2007.

Outreach Program Objective 1: Sunshine Valley Health Center's Farmworker Outreach Program will educate a total of 75 diabetic farmworkers on managing diabetes in at least 5 farmworker camps by end of August 2007.				HC Plan Goal: D		HC Plan Objective: D1
No.	Activities/Intermediate Steps	Timeline	Responsibility	Expected Outcomes	Evaluation Measures	Comments/Progress Notes
1	Carry out five health education sessions with at least 15 farmworkers in attendance at each session a) Plan health education sessions with help of clinical providers and/or clinic dietician. b) Communicate with at least five growers/crew leaders to set up health education sessions in the camps after hours. c) Train staff on curriculum to be delivered to effectively deliver health education sessions. d) Do PR on event with current farmworker patients and diabetic farmworkers in the camps.	Feb-August February & March March-April May May-June	OR Coordinator Clinician/dietician ORWs OR Coordinator ORWs OR Coordinator (trainer) Clinician/dietician (trainer) ORWs (trainees) ORWs	Short term: 75 farmworkers receive critical information and education on managing diabetes Medium term: Farmworkers are successfully managing their diabetes Long-term: Farmworkers are having less negative outcomes as a result of having diabetes	Indicators (both process and outcome): No. of health education sessions that are prepared and ready to go (process) No. of growers who have agreed to allow health education sessions (process) No. of ORWs adequately prepared to deliver the health sessions (process) No. of farmworkers who have signed up for the sessions in each of the targeted camps (process)	
	e) Carry out the sessions	June-August	ORWs		Pre-test/post-test for ORWs to verify understanding of material (Each ORW must achieve 85% comprehension to be permitted to deliver sessions.) (outcome) No. of FWs who attend each session (process) Pre-test/post test for FWs to determine understanding of the material (Administer immediately before and after session. 80% comprehension on post-test qualifies as "success.") (outcome) % of FWs who indicated that they were "satisfied" or "very satisfied" with the health education sessions (Check at the end of each session and report results in aggregated form after all sessions have been completed.) (process) Source of data: ORW monthly reports, ORW health education activity logs, pre-test/post-test results, feedback forms from attendees Frequency of monitoring: Monthly	



Outreach Program Objective 2: The Farmworker Outreach Program of the Sunshine Valley Health Center will ensure that 75% of all farmworkers identified at high risk for diabetes during outreach are screened by October 2007.					HC Plan Goal: D	HC Plan Objective: D3
No.	Activities/Intermediate steps	Timeline	Responsibility	Expected Outcome	Evaluation Measures	Comments/Progress Notes
2	Outreach team routinely conducts screenings for farmworkers seen during outreach who are at high risk for diabetes. a) Write and finalize protocols for 1) identifying farmworkers at risk for diabetes and 2) conducting screenings during outreach. b) Equip team with needed materials for conducting screenings. c) Train outreach team on identifying farmworkers at high risk for diabetes d) Make sure referral mechanisms are in place between outreach team and clinical department.	Jan-Mar Feb March ongoing	Clinical Director, Outreach Coordinator Clinical Director, Outreach Coordinator Clinical Director OR Director with assistance of Clinical Director	Short-term: Farmworkers are receiving information and opportunities to get screened for diabetes Medium term: Farmworkers are proactively requesting to get screened Long-term: Fewer farmworkers are developing diabetes as a result of education and early screening	Indicators (both process and outcome): Outreach Diabetes Screening protocols developed (process) Number of outreach workers trained (process) Number of FWs at high risk for diabetes encountered during outreach (outcome) % of FWs at high risk for diabetes who are offered to be screened (outcome) % of farmworkers identified as high risk for diabetes who get screened (outcome) Source of data: Encounter forms, outreach worker monthly reports, referral logs Frequency of monitoring: monthly	



OUTREACH PLAN TEMPLATE

Outreach Program Objective 1:					HC Plan Goal:		HC Plan Objective:
No.	Activities/Intermediate Steps	Timeline	Responsibility	Expected Outcome	Evaluation Indicators	Comments/Progress Notes	
					Indicators: Source of data: Frequency of monitoring:		
					Indicators: Source of data: Frequency of monitoring:		
					Indicators: Source of data: Frequency of monitoring:		
					Indicators: Source of data: Frequency of monitoring:		



Outreach Program Objective 2:					HC Plan Goal:		HC Plan Objective:	
No.	Activities/Intermediate Steps	Timeline	Responsibility	Expected Outcomes	Evaluation indicators		Comments/Progress Notes	
					Indicators: Source of data: Frequency of monitoring:			
					Indicators: Source of data: Frequency of monitoring:			
					Indicators: Source of data: Frequency of monitoring:			
					Indicators: Source of data: Frequency of monitoring:			



KEEPING THE PLAN ACTIVE!

Phew! If you made it this far, chances are the hard part is over! But don't get too comfortable with the final product because now it's important for you to put your plan into action and make it a working document for the entire staff.

The challenge with program plans is sticking with them. Experience has taught us that if the work plan is not an active reference tool by the program, it simply collects dust on the shelf. The trick is to find a way for your team to make the outreach plan a living document. Read on for some ideas on how to accomplish this.

Share with other departments and give regular updates on progress

Part of keeping your plan active is having staff invested in it. Don't just make copies of your plan and pass it around—promote it and your organization will be excited about what you plan to do in the upcoming year!

This can be accomplished in a variety of ways:

- Talk about key upcoming activities during all-staff meetings. Ask for participation from other departments.
- Present your plans and highlights in your organization newsletter.
- Attend other department meetings and give outreach plan updates.
- Organize a brown bag lunch and invite all staff to discuss the outreach program in an informal setting.

Create individual work plans that reflect the outreach plan

Just as your outreach plan should reflect the greater goals and objectives of your organization, so should the outreach staff work plans contribute to the objectives outlined in your outreach plan. See *Chapter 4: Motivating & Retaining your Outreach Team* for more information about work plans. Outreach managers should meet regularly with staff to monitor progress, motivate, and offer suggestions and support for accomplishing their responsibilities.

Use the outreach plan as a basis for staff meetings

A great way to make sure that staff don't forget their commitments is to organize staff meetings by the program plan. At least on a quarterly basis, review every objective and have staff report on progress. You'll know by the end of the meeting if you're in good shape or if you have to step it up a notch.



Photo courtesy of Benton County Health Department



CHAPTER 7:

EVALUATING AN OUTREACH PROGRAM



Photo courtesy of the Mixteco-Indígena Organizing Project

In this chapter you will find...

- **Planning Your Evaluation**
- **Collecting & Analyzing Evaluation Data**
- **Using Your Evaluation Findings**

INTRODUCTION

Evaluation is a step-by-step process that can be carried out in any health outreach program. Successfully evaluating program activities and services allows you to measure your success at meeting goals, identify areas for improvement, and strengthen grant applications. This chapter walks you through how to easily incorporate evaluation tools into your everyday activities.

This chapter is divided into three sections:

Planning Your Evaluation	7-3
Collecting & Analyzing Evaluation Data	7-9
Using Your Evaluation Findings	7-19

Though evaluation can be a very complex process, this chapter simplifies it by focusing on measuring program activities (or outputs) and changes in farmworker knowledge (or short-term outcomes).

Why Evaluate Your Outreach Program?

- **Accountability:** Evaluation can assist us in maintaining accountability to funders, staff, clients, and the community.
- **Program Improvement:** Evaluation helps us to improve existing programs.
- **Knowledge:** Evaluation helps us to plan future programs.
- **Social Justice:** Evaluation can tell us if vulnerable populations are receiving appropriate and effective services.

How Can HOP Assist You Further?

This chapter is designed to provide you the basics on how to evaluate your farmworker health outreach program. If you would like further assistance with evaluation, please visit www.outreach-partners.org and click on “contact us.”

Specifically, HOP can help you:

- Refine your current data collection methods
- Learn how to analyze your findings
- Identify realistic evaluation goals
- Provide you and your staff with training on “Outcome Evaluation”



PLANNING YOUR EVALUATION

The first step to successfully conduct outcome evaluation is to engage your organization and the farmworker community in the evaluation process. Both parties have a stake in the success of your outreach program and both will offer important perspectives. Start by hosting a kick-off meeting where everyone can share their goals and objectives. Involve them in every step along the way and they will be a great resource to you!

Definition of Evaluation: The systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming. (*Patton, Utilization Focused Evaluation, 1997*)

Next, define and organize your outreach program evaluation on paper. Planning your program evaluation allows you to organize program resources, program activities, program reach, and desired outcomes. One of the most common tools for planning your program evaluation is to use a logic model.

Using a Logic Model

A logic model describes the main elements of an intervention or program and how they work together to address a health condition in your target population.

The logic model can be used to outline both the intended results AND the actual results of your program. Fill out the blank logic model on page 7-8 before and after your intervention to see if your program met its intended results.

NOTE:

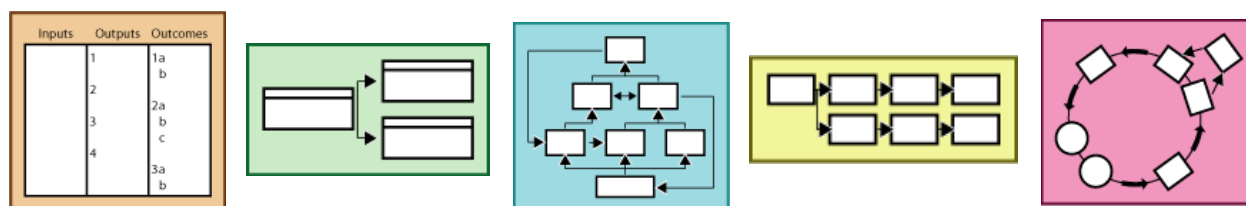
Logic models can be structured in a variety of ways. This chapter focuses on just one example of a logic model. To get a broader perspective and choose a model that works best for you, visit the following websites to see other logic model examples:

W. K. Kellogg Foundation <http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf>

United Way <http://national.unitedway.org/Outcomes/Resources/MPO/model.cfm>

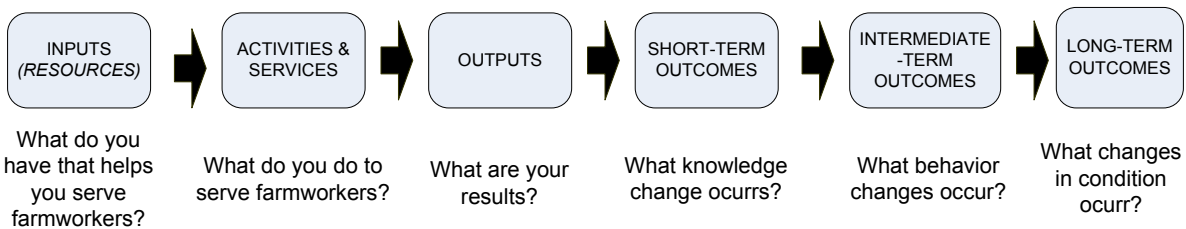
Center for Disease Control and Prevention <http://www.cdc.gov/eval/resources.htm#logic%20model>

The University of Wisconsin Extension <http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>



There are 8 basic pieces of a logic model:

- 1) Problem Statement
- 2) Inputs (Resources)
- 3) Program Activities and Services
- 4) Outputs
- 5) Short-Term Outcomes
- 6) Intermediate-Term Outcomes
- 7) Long-Term Outcomes
- 8) Documentation



1) Problem Statement

The Problem Statement poses the issue your program wishes is to address. A good problem statement defines the problem by the behaviors and conditions that affect it, and not necessarily specific solutions or placing blame on anyone or anything.

Example of a problem statement:

HIV rates have been rising among single, male farmworkers in our community. These men have multiple sexual partners and do not know how to use condoms. Additionally, they lack skills for negotiating condom use. Many lack knowledge about local HIV prevention and treatment services. Most have not been tested for HIV.

2) Inputs

Your inputs are the resources that enable you to implement program activities and serve clients.

Examples of inputs are:

- Number of outreach staff
- Financial resources
- Inventory of outreach supplies for the year
- Health education materials
- Computers for outreach data entry and analysis
- Clinical data
- Technical assistance providers



3) Activities and Services

Program activities are what your program does to address the problem statement.

Examples of program activities are:

- Conducting health education
- Organizing health fairs



- Case management
- Transportation
- Basic first aid
- Health screenings
- Coordinating a community coalition

4) Outputs

Outputs measure the quality and quantity of program activities, as well as who your program reaches. Most programs record their outputs through documenting activities, referrals, vouchers, patients, and any other information that tracks service delivery and client numbers. Because you can use outputs to measure the effectiveness of your program, it is important to ensure your outputs are quantifiable (i.e. that they can be counted).

You can document the effectiveness of your program by tracking the change in outputs over a period of time. For example, let's say your program provided health education to 100 farmworkers in a year. If the following year your program provided health education to 150 farmworkers, then you can say your program increased the reach of its health education activities by 50%.



Photo courtesy of Clinicas de Salud del Pueblo, Inc.

Examples of outputs are:

- Number of outreach encounters that will be conducted
- Number of health education sessions that will be delivered
- Number of farmworkers who will receive health education
- Percentage of farmworkers who were very satisfied with the health education session
- Number of blood pressure screenings provided
- Number of referrals to clinic or other providers
- Number of case management encounters
- Percentage of cases successfully handled through community referrals
- Number of health fair attendees
- Number of farmworker clients using transportation service
- Number of farmworkers who completed applications for Medicaid services
- Number of farmworkers receiving basic first aid

Note: You can also categorize outputs by gender, ethnicity, age group, illness, time period, or migrant status.



5) Short-Term Outcomes

Short-term outcomes are the immediate effects of your program's activities; these effects can be measured as soon as a program activity is complete (e.g. health fair, health education session, case management). Short-term outcomes can be changes in beliefs, knowledge about a topic, attitudes, skills, opinions, motivations, or future plans. These are generally very easy to track and measure because they can be evaluated so soon after the intervention.

Examples of short-term outcomes are:

- Farmworker knowledge of a topic after a *charla*, or health education session, will increase
- Farmworker attitudes or perceptions of a health risk will change
- Intentions to make lifestyle changes, such as improving diet and increasing exercise, will be greater
- Farmworker skills will increase, such as knowledge about how to correctly put on a condom

6) Intermediate-Term Outcomes

Intermediate-term outcomes are primarily changes in behavior made by farmworkers. The actions taken in the intermediate-term are the follow-through from the changes in knowledge, beliefs, and future plans seen in the short-term. A farmworker may learn three reasons why he/she should not smoke (short-term outcome) during a group health education session, but it may take 11 months before he/she quits (intermediate-term outcome). Because intermediate-term outcomes often occur over a longer period of time, they are more difficult to prove with a migratory population.

Examples of intermediate-term outcomes are:

- Number of farmworkers visiting a clinic as a result of outreach efforts will increase
- Farmworkers report an increase in applying skills they have learned in health education sessions
- Farmworkers increase health maintenance practices, such as using a blood sugar test kit to monitor diabetes
- Increased follow up on health appointments
- Percentage of blood pressure screenings that resulted in a visit to the clinic
- Percentage of health fair attendees in target population who received a HIV test



Photo courtesy of Community Health Centers of Lubbock

7) Long-Term Outcomes

Long-term outcomes or impacts are changes in conditions, including those in health, access to services, and socioeconomic status. They are the results of continued, positive, intermediate-term outcomes. Because farmworkers tend to lead transient lifestyles, long-term outcomes are very difficult to prove or directly attribute to the efforts of just one program. Often, programs infer long-term outcomes when they can prove short- or intermediate-term outcomes. For



instance, you may be able to infer that lower incidences of lung cancer are due to increased smoking cessation classes, which in turn lead to more farmworkers quitting smoking.

Even though long-term outcomes are very difficult to prove, it doesn't mean that you shouldn't be thinking in this direction. Similar to your program goal, your long-term outcomes should always be the intent of your program.

Examples of long-term outcomes are:

- Decreased health disparities, such as lower incidences of obesity or HIV/STIs
- Increased successful maintenance of blood pressure and diabetes
- Increased access to health services
- Increase in patients following-up with care and medication regimens
- Increase in ability to afford services due to a sliding scale and improved billing practices.



8) Documentation

The documentation section of the logic model helps you understand where and how you will track or monitor the outputs and outcomes of your program.

Examples of documentation are:

- Outreach encounter forms
- Case management forms
- Clinical forms
- Health education pre-/post- tests
- Health education encounter forms
- Patient registration forms
- Questionnaires or feedback forms
- Telephone surveys
- Focus group results



Plan Your Evaluation– A Logic Model Template

Use this tool to help visualize how to get evaluation results from your everyday activities & services.

Problem Statement		What problem will your program address? (e.g., Increase in # of new HIV/STI cases)	
Your Planned Work	Inputs ↓	What resources will be needed to implement the program? (e.g., staff, materials, curricula, cars, mobile units, money)	
	Activities & Services ↓	What activities or services will you provide to solve your problem statement? (e.g., health education sessions, health fairs, referrals, materials distribution)	
	Outputs ↓	What objectives will you accomplish? (e.g., 15 HIV health ed sessions conducted, 100 farmworkers reached through health fair, 500 encounters provided)	Documentation How will you track your accomplishments? (e.g. forms, spreadsheets)
Intended Results	Short-Term Outcomes ↓	What knowledge or attitude change will result from your outputs? (e.g., 25% increase in HIV/STI knowledge, 75% of reached farmworkers will know how to put on a condom)	Documentation How will you track the immediate changes you see? (e.g. forms, spreadsheet, pre-test/post-tests)
	Intermediate-Term Outcomes ↓	What behavior changes will result from your outputs? (e.g., 25% increase in HIV/STI tests, 30% decrease in missed appointments, 20% increase in condom use)	Documentation How will you track the intermediate changes you see? (e.g. spreadsheet, return visits, clinic data, focus group)
	Long-Term Outcomes	What long-term impact will result from your outputs? (e.g., decrease in # of new HIV/STI cases, increase in access to HIV/STI medical care and resources)	



COLLECTING & ANALYZING EVALUATION DATA

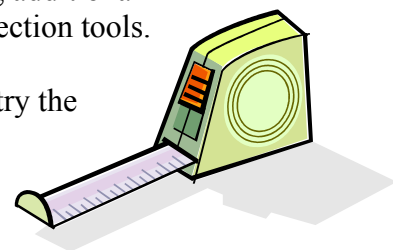
This section is divided into two parts: 1) How to Measure Outputs and 2) How to Measure Change in Outcomes. The first section highlights strategies for improving the way you track outreach activities and services, while the second deals specifically with documenting health change in farmworkers. As mentioned before, this chapter will focus on program outputs and short-term outcomes, as intermediate- and long-term outcomes are more difficult to prove in mobile, changing populations. If you would like to learn more about measuring intermediate- and long-term outcomes, contact HOP for more information or for a targeted consultation.

You can collect evaluation information via a variety of methods, such as surveys, interviews, and focus groups. For a full description of these data collection methods, see *Chapter 5: Conducting a Farmworker Needs Assessment*.

How to Measure Outputs

Measuring the change in activities or outputs is one way to demonstrate the productivity of your program. Chances are you already collect this data. Oftentimes obtaining additional output data can be as simple as adding a new question to current data collection tools.

Since effective and efficient data collection can sometimes be a struggle, try the following strategies to streamline the data you gather on your program activities and services.



Track ALL of the Services You Provide

You may already be tracking the services you provide on encounter forms; however, a few revisions to your encounter form may make it easier for your staff to document services and more likely to capture everything they accomplished with the client.

Strategy:

- Add check boxes to your encounter forms for every activity you want to track. This will make it simple for staff to indicate all of the services they provide in a single encounter. Tally all of the services your department provided at the end of each month to illustrate productivity.
- Identify activities outreach staff may be doing in the field, but are not documenting. These may include translation, transportation, advocacy, appointment scheduling, or assisting with completing social service forms. If this information isn't captured on your encounter forms, consider adding it or making daily logs for outreach staff.
- Document referrals and include them on your encounter forms, or make a referral log that tracks the different types of referrals you provide. This can be used to illustrate how often you utilize your community resources and collaborators. Follow up with farmworkers or other social service providers to determine if farmworkers are using these resources.
- Document the amount of time spent on each activity on your encounter form. This will help you monitor and demonstrate the depth of each encounter and not just the



quantity of services provided. This technique will also show you where your staff spends most of their energy, which could help you prioritize or restructure certain activities.

Learn How Many Farmworkers Used Clinical Services Because of Outreach

This may be the most important data your outreach program can collect. By measuring this effectively, you can prove how critical outreach is to the wellbeing of farmworkers.

Strategy:

- Include a question on your encounter form that asks if they have been to your health center in the past. This technique will allow you to track the number of farmworkers served by both the outreach department and the clinic. This will also help you better understand the complimentary overlap between outreach and clinical reach.
- Include a question on your clinical sign-in sheets that asks if they have spoken with someone from your health center at their residence or work. This will enable you to document how many farmworkers came to the clinic because of your outreach efforts.
- Distribute outreach voucher cards that can be turned in for an incentive at your clinic. These cards could include information on which camp they come from, which outreach worker they met with, etc. Keep track of how many cards you give out and how many were returned to determine the percentage of farmworkers that visit the clinic.

Document the Effectiveness of Transportation and Translation

Many organizations provide these enabling services to farmworkers that help improve access to health care and social services. However, few organizations track and document the outcomes of these services. Try the following simple strategies and see if your enabling services can be improved.



Strategy:

- If you provide transportation and translation services, add a question to the clinical/transportation intake forms that asks how they would access your organization's services if transportation and translation services were not available. Would they get a ride from a family member? Would they not come at all? Would they bring a family member to interpret? Documenting the complex barriers farmworkers face will allow you to continually demonstrate how critical these services are.
- Facilitate a focus group among farmworkers to discuss what prevents them from accessing services. Ask direct questions about the usability and quality of these services. Use this qualitative information to cite reasons for how to improve these crucial services.
- Document how many farmworkers who request transportation services follow through and use transportation services. This will also help you understand the effectiveness of this enabling service. If you feel that more farmworkers should be using enabling services, host a focus group to discuss why they aren't using them.



Track Group Health Education Activities

Even though group health education cannot be collected via individual encounter forms, you can still track these vital prevention services. Group health education may be your broadest reaching outreach activity, so remember to document it!

Strategy:

- Create a health education session tracking form. This can be very simple and easy to fill out in less than one minute. Be sure to capture the number of farmworkers present, gender, age group, and health topic. You can also include your pre-/post test information on the same form (see page 7-15 for an example). Compile information monthly to see results.
- Summarize health education data in an area where the entire staff can view it, such as a wall poster board or dry erase board on a wall. This will enable everyone in your program to see the results of your program activities.

Track Client Satisfaction

Many organizations use feedback forms to gather client satisfaction data, but many farmworkers don't fill them out. Strategies listed below sidestep the cultural and linguistic barriers to tracking client satisfaction.

Strategy:

- Hold focus groups or key informant interviews with farmworkers that specifically ask about the quality of services your organization provides.
- Use pictures or orally ask about client satisfaction using a rating scale (i.e., 1-10)
- Measure wait times for services or interpretation.



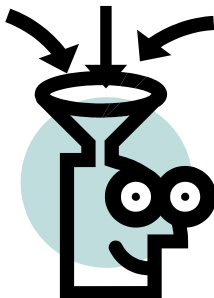
Photo courtesy of Clinicas de Salud del Pueblo, Inc.

How to Measure Change in Outcomes

Outcomes represent a change in beliefs, behaviors, knowledge, or conditions. In order to evaluate outcomes though, you must be able to measure change. This means the data collection tools you choose must yield results that can be compared across time, or ask direct questions about change or anticipated change.



How can you see change in your farmworker population if that population changes each year? When working with the limitations of this population, your best bet is to choose data collection methods that allow you to measure change over a short period of time. If your population is seasonal, however, you may be better suited to track intermediate- or long-term change.



Types of Change You Can Measure:

Knowledge Learned: Most effectively accomplished via pre/post tests, this type of change will help you understand how much farmworkers have learned during a particular intervention. This method is particularly useful for health education sessions.

Future Plans for Change: Future plans for change document an individual's intentions of behavior change, often based on immediate changes in knowledge or beliefs. Documenting an individual's intent to change behavior can be a productive way to measure program outcomes. Thinking about change or intending to change is the first step towards altering one's behavior. This method is useful for health education or case management activities with migrant farmworkers or farmworkers that will be around for a short time.

Self-reported Change: The self-reported change approach relies on the individual to manage their condition and report on progress. This process requires the individual to have a long-term commitment to behavior change; this individual should also be present for a longer period of time. The self-reported change incorporates a more individually-tailored approach which takes the patient's beliefs and cultural values into consideration. This type of patient collaboration is becoming widely accepted as the key to successful chronic illness management, as it can be administered either by having the patient complete the forms or by having a staff member meet individually with the patient. This method is useful for case management activities with seasonal farmworkers, migrant farmworkers that will be around for a longer period of time, or at the end of an intensive health education/promotion program (e.g., 10-week obesity prevention program).



Evaluate Health Education and Prevention Efforts

Pre/post tests measure knowledge learned before and after an intervention. Post testing can occur at the conclusion of the intervention as long as the time period is consistent for all of the interventions and the post tests are conducted with the same people as the pre tests. Also, pre/post tests generally ask the same set of questions.

Pre/post tests can either ask questions about specific health knowledge or whether or not they learned anything. Below are two health education evaluation methods that can be conducted orally in just a couple minutes. In order to minimize paperwork, try including the evaluation component on your health education session tracking form (see example on page 7-15).

Ideally, pre/post tests are conducted individually (either written or oral). Because this tactic can be quite challenging with limited staffing resources working and with a low-literate population, the following pre/post tests can be done in a group setting. This evaluation method is easy enough for any organization to implement.



Pre/Post Test Activity #1– Step-Forward/Step-Back

Use this evaluation activity before and after a health education session to see whether or not the group thinks they learned anything. The first three questions of the pre/post test are exactly the same, enabling you to measure self-reported change. The last questions will help you understand future plans for change.

- Instruct the group to stand in a straight line facing you.
- Develop an oral pre/post test comprised of yes/no questions.
- Ask a question.
- Instruct the participants to step-forward if the answer is yes.
- Document the number of participants that step forward.
- Continue until test is finished.
- Note: You may also use this activity to measure the learning continuum, simply ask participants to take 1 step forward if they know a little, 2 steps forward if they know some, and 3 steps forward if they know a lot.

Pre-Test Example: HIV/AIDS Health Education

- 1) Do you know what HIV is?
- 2) Do you know how HIV is spread?
- 3) Do you know how to prevent HIV?
- 4) Have you taken steps to prevent HIV in the past?
- 5) Have you been tested for HIV?

Post-Test Example: HIV/AIDS Health Education

- 1) Do you know what HIV is?
- 2) Do you know how HIV is spread?
- 3) Do you know how to prevent HIV?
- 4) Will you take steps to prevent HIV in the future?
- 5) Will you get tested for HIV in the next month?

Record How Many Step Forward

	Pre-Test	Post-Test	# Difference	Total # Participant	% Change (divide difference by total participants)
Q#1					
Q#2					
Q#3					
Q#4					
Q#5					
Totals					



Pre/Post Test Activity #2 – Spin the Bottle

Use this evaluation activity before and after a health education session to see what the group learned. The first four questions of the pre/post test are exactly the same, enabling you to measure knowledge learned. The final question on the post test will help you understand future plans for change.

- Develop an oral pre/post test comprised of yes/no or other closed-ended questions.
- Instruct the group to sit in a circle.
- Spin the bottle and ask a question to the person to which the bottle is pointing.
- If the person answered correctly, give the group 2 points. If the person answered incorrectly or partially correctly, but someone else in the group can answer the questions, give the group 1 point. If the person answered incorrectly and nobody else knew the answer, give the group 0 points.

Pre-Test Example: HIV/AIDS Health Education

- 1) What is HIV?
- 2) What are two ways that HIV is spread?
- 3) What are two ways that you can prevent HIV?
- 4) When should you get tested for HIV?

Post-Test Example: HIV/AIDS Health Education

- 1) What is HIV?
- 2) What are two ways that HIV is spread?
- 3) What are two ways that you can prevent HIV?
- 4) When should you get tested for HIV?
- 5) How many of you will get tested for HIV in the next month?

Record Points

	Pre-Test	Post-Test
Question #1 (0, 1, or 2)		
Question #2 (0, 1, or 2)		
Question #3 (0, 1, or 2)		
Question #4 (0, 1, or 2)		
Question #5 (# of raised hands)		
Total Score		
Total Possible Points		
% Score (divide total score by total possible points)		
Change in % (post-test minus pre-test)		



Group Health Education Session Tracking Form

1) Health Topic (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Nutrition/Weight Management
<input type="checkbox"/> Prenatal Care
<input type="checkbox"/> Dental Health
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Hypertension
<input type="checkbox"/> HIV/AIDS and STIs
<input type="checkbox"/> Birth Control/Contraception | <input type="checkbox"/> Immunizations
<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Pesticides/Dermatitis
<input type="checkbox"/> Heat Stress
<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Muscle/Joint Safety
<input type="checkbox"/> Eye Care
<input type="checkbox"/> Other: _____ |
|--|---|

2) Farmworkers Demographic:

a) Gender:

Male: _____

Female: _____

Total: _____

b) Age Group:

Child: _____

Teen: _____

Adult: _____

3) Health Change Evaluation (Choose ONE):

Activity #1: Step Forward/Step Back - Record How Many Step Forward

	Pre-Test	Post-Test	# Difference	Total # Participant	% Change (divide difference by total participants)
Q#1					
Q#2					
Q#3					
Q#4					
Q#5					
Totals					

Activity #2: Spin the Bottle - Record Points

	Pre-Test	Post-Test
Question #1 (0, 1, or 2)		
Question #2 (0, 1, or 2)		
Question #3 (0, 1, or 2)		
Question #4 (0, 1, or 2)		
Question #5 (# of raised hands)		
Total Score		
Total Possible Points		
% Score (divide total score by total possible points)		
Change in % (post-test minus pre-test)		



Evaluate Case Management Efforts: Evaluating case management can be a very difficult change to measure because it sometimes requires following up with the farmworker or the provider periodically or until the case is closed. The best way to measure case management successes is to find out how many farmworkers followed up and received needed services and health maintenance. Although tricky, you can track your case management efforts by simply including a couple of questions to your already existing forms. Evaluate your efforts simply by counting the check marks.

Evaluate Case Management Strategy #1:

Try adding a section similar to the one below on your case management form to help you track your successes with case management.

Case Status

Closed Successfully (the farmworker sought care for their symptoms)

Closed Unsuccessfully (the farmworker did not seek care for their symptoms)

Unknown (you never saw the farmworker again or learned of their next steps)

Track Results:

A	B	C	D	E	F
Week	# Closed Successfully	# Closed Unsuccessfully	Total Known Cases (B+C)	% Closed Successfully (B÷D)	% Closed Unsuccessfully (C÷D)
e.g.	35	15	50	70%	30%
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					



Evaluate Case Management Strategy #2:

You can also track future plans for change by adding a simple question to your encounter form that asks:

Do you plan on seeking care for your symptoms?

Yes No

Track Results:

A	B	C	D	E	F
Week	# Plan on seeking care	# Do not plan on seeking care	Total Responses (B+C)	% Plan on seeking care (B÷D)	% Do not plan on seeking care (C÷D)
e.g.	40	10	50	80%	20%
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					



Evaluate Health Knowledge on Encounter Forms:

The following strategy is particularly useful if your needs assessment turned up either a high incident rate of a specific illness/disease or a lack of knowledge on a specific health topic. Just ask a single question to your encounter form on how much they know about a topic, like:

How much do you know about HIV/AIDS?

A lot Some Not very much

Track Results:

A	B	C	D	E	F
Week	# Reporting “A lot”	# Reporting “Some”	# Reporting “Not Much”	Total Response (B+C+D)	% of Encounters that know a lot about HIV/AIDS (B÷E)
e.g.	25	40	35	100	25%
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					



USING YOUR EVALUATION FINDINGS

Applying outcomes is the final link that makes the evaluation process cyclical. It creates a pattern where the evaluation of your work constantly informs what you do to improve the wellbeing of farmworkers.

Use Findings to Improve Your Activities and Services

The primary use of your evaluation findings is to improve the services you provide. Try the following strategies to improve your program based on your findings.

Strategies

- Identify all of your areas of improvement, then prioritize two you will concentrate on over the next year. This will make the job seem more feasible.
- Share the evaluation results with staff, ask for their ideas on how to improve the program.
- Share the evaluation results with other departments; identify new ways that the departments can work together to increase performance.
- Determine if outreach staff need additional training to help them perform more effectively. For outreach professional development ideas, see *Chapter 4: Motivating and Retaining Your Outreach Team*.
- Determine if your program needs more resources to supplement a particular activity. Consider reallocating some of your current budget, partnering with another community organization, or applying for additional funding.
- Don't forget to keep doing a great job on the activities proven most effective!

Use Findings to Apply for Funding

A very common reason for evaluating your outreach program is for funding purposes. Not only do funders want to know how you will evaluate the programs they're funding on initial proposals, but they also frequently request evaluation findings on progress reports and funding renewals.

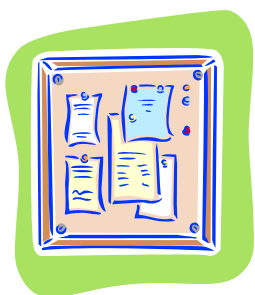


Beyond using your findings in the evaluation section of a grant application, you can insert evaluation data in the needs statement. Because it's so hard to find local needs information on farmworkers, use your own to further support your proposal.

Use Findings to Illustrate the Effectiveness of Your Outreach Program

So often, outreach programs say they are under-appreciated. Measuring outputs and other evaluation data can help prove the productivity and effectiveness of the outreach program to other departments and outside organizations. Your program is doing hard work that benefits the lives of farmworkers; don't forget to show it! You can be your own best advocate. Try using evaluation data in the following strategies to increase awareness of the outreach program among other departments.





Strategies

- Periodically post a summary of the evaluation findings on staff bulletin boards and newsletters.
- Send evaluation data to key staff members via e-mail or mail.
- Host a lunch presentation for other staff that describes evaluation efforts and outcomes. This may influence other departments to evaluate their programs as well.
- Share evaluation data with community collaborators/coalitions.

Make Adjustments to Evaluation Methods

Ok, ok, ok... you just spent all this time developing and revising your data collection tools, collecting quality information, and analyzing the results, so why would you want to go back and revise your data collection methods? You may find some of the methods you used to evaluate your outcomes weren't as effective as you hoped. Adjusting your evaluation methods is one key step you may need to make—and it doesn't need to take much time.

When it's time to adjust to your data collection, have a candid discussion with the team to get feedback on the usability of your data collection tools. Based on the problems your staff identifies, you can use the table below to find helpful solutions to rectify data collection issues.



Photo courtesy of Eastern Shore Rural Health System

Problems:	Solutions:
"I don't know what I'm supposed to put in this section."	<ul style="list-style-type: none"> • Revise language to make the encounter form clearer. • Spend more time training staff on how to properly document their work. • Consider a different format for collecting the information. Check boxes are usually easier than fill-in-the-blank forms to collect and analyze data.
"This information is not useful; I don't know why we collect this."	<ul style="list-style-type: none"> • Make sure your outreach team has a good use for all of the information it collects. Limiting data collection can be very challenging; but remember, you still want your emphasis to be on providing services and not just collecting data. • Ensure that staff know the end use of the data collected. Share monthly reports that show off all of the work they've been accomplishing.



<p>“I think this form is confusing and overwhelming.”</p>	<ul style="list-style-type: none"> • Check to see if you’re trying to collect too much information on a single form. Consider creating a separate form if the information collected seems disjointed. • Create a more spacious and engaging form. Make entry points bigger and easier to see. Provide clear transitions between sections. Eliminate unnecessary wording.
<p>“We didn’t meet our objectives.”</p>	<ul style="list-style-type: none"> • Check to see if every staff member is documenting services consistently. • Modify your program objectives for the next year to be more realistic in scope.
<p>“I don’t understand this question.”</p>	<ul style="list-style-type: none"> • Questions on data collection forms should be as simple and unbiased as possible. Try piloting the forms with 10 people before instituting an organization-wide change. • Make sure staff accurately understand the intent of the question so they can accurately engage with clients. • Seek alternative ways of gathering data. A form may not always capture the kind of data you are looking for, so consider other data collection methods such as focus group discussions or key informant interviews.
<p>“Our clients felt hesitant or uncomfortable answering a question.”</p>	<ul style="list-style-type: none"> • If many farmworkers are hesitant when answering a question, then eliminate it or find a way to rephrase it. • Find a new way to ask a question that doesn’t require a farmworker to have a face-to-face conversation with an outreach worker. Awkward questions that cannot be answered anonymously may alienate farmworkers from using your services in the future. • Try to understand where the discomfort stems from and make the necessary changes to your data collection methods to either eliminate the discomfort or the need to collect this kind of data.
<p>“It’s cumbersome for us to have to enter the same data in different systems.”</p>	<ul style="list-style-type: none"> • If your staff perform double duty on data entry, determine if you can streamline this process. Consider merging the data entry systems by adding outreach-related questions to the overall data collection system.
<p>“We’re too busy to do data entry every day.”</p>	<ul style="list-style-type: none"> • Simplify forms and data entry systems to make them easier for staff to complete. • Link staff productivity to the number of consistently completed forms. Consider an end-of-the-year incentive to keep staff motivated to complete forms in a consistent fashion. • Set hard deadlines to submit completed forms. Determine a clear protocol for filling out forms and entering data in a timely and consistent fashion.



CHAPTER 8:

HEALTH EDUCATION

FUNDAMENTALS



Photo courtesy of Erika Peterson, Eastern Shore Rural Health System, VA

In this chapter you will find...

- **Getting Started with Health Education**
- **Considering Logistics for Health Education**
- **Using Popular Education Principles**
- **Adult versus Child Learning**
- **Evaluating Health Education Sessions**

INTRODUCTION

Chapter 8: Health Education Fundamentals is intended to offer guidance in providing effective and quality health education. However, due to the unique nature of farmworkers' lifestyles, the demands of farm labor, and the many barriers farmworkers face, offering health education to this population requires some additional considerations. You may wish to refer back to *Chapter 1: Understanding Farmworkers* for more basic information.

Because health education is a vast field of study and practice, all aspects of it cannot be included within one section. Instead, you will find basic health education information upon which programs can be built. This chapter focuses on Popular Education as a successful means for educating the farmworker population.

The Health Education Fundamentals chapter includes the following five sections:

Getting Started with Health Education	8-3
Considering Logistics for Health Education	8-11
Using Popular Education Principles	8-15
Adult versus Child Learning	8-22
Evaluating Health Education Sessions	8-26

In addition, the following chapter, *Health Education Recipes*, includes hands-on group activities, tools, and techniques on various health topics affecting migrant and seasonal farmworkers.

How Can HOP Assist You Further?

If you would like more information on these topics, please visit www.outreach-partners.org and click "contact us."

Specifically, HOP can help you:

- Determine the health education needs of your farmworker population.
- Develop objectives and action steps to guide health education initiatives.
- Integrate clinical priorities into outreach-centered health education.
- Increase the capacity of staff to provide effective outreach-centered health education to farmworkers and their families.

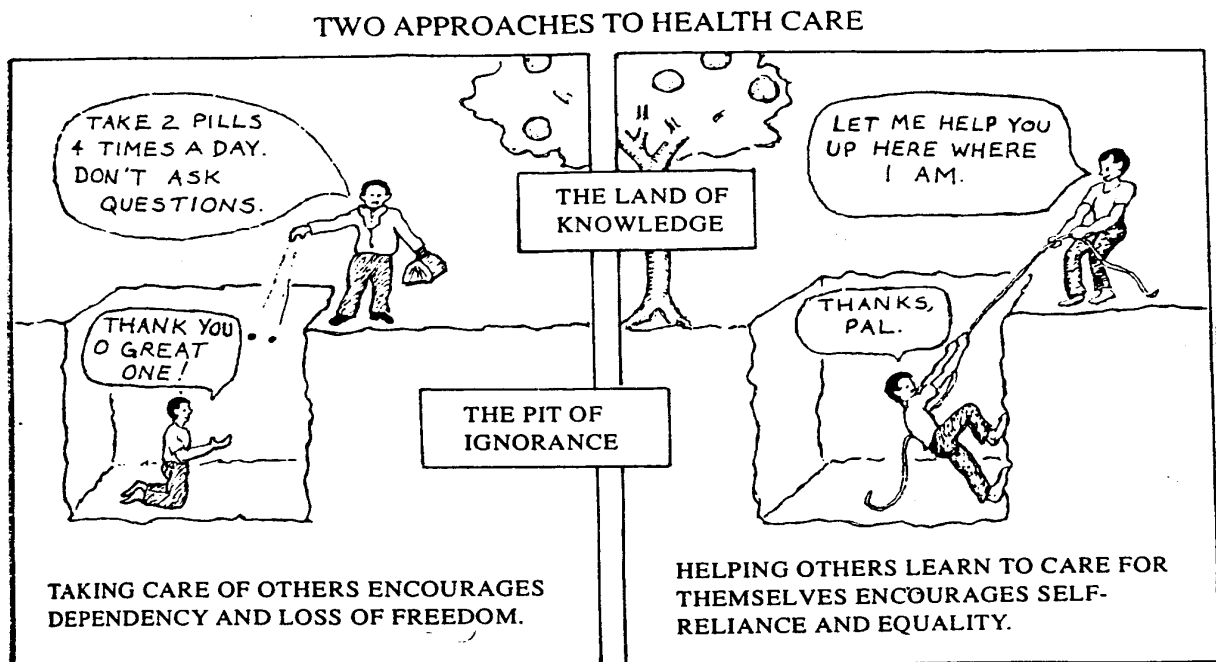


GETTING STARTED WITH HEALTH EDUCATION

What Is Health Education?

The purpose of health education is to facilitate healthier lifestyles among the people who benefit from these efforts, such as farmworkers and their families. It is an essential part of offering comprehensive outreach and enabling services.

Specifically, health education is the process by which individuals or groups of individuals are assisted in acquiring information, skills, or support regarding a relevant health issue or behavior. It is one key strategy in our collective efforts to enable farmworkers to make positive choices affecting their health.



The outreach worker plays a critical role in providing effective health education services. It is essential to first learn about the health needs and issues of the population in order to better understand a group's beliefs, health issues, and priorities. Based on this information, you can develop programs that are responsive to documented health needs. You can also conclude your efforts with opportunities to learn whether or not the programs have increased participants' knowledge and skills.



Overall, health education is a structured process that involves four basic components.

- 1) *Assessment*—using information-gathering techniques to learn about and document the true needs of the target population.
- 2) *Planning*—deciding and documenting what information should be presented, how it should be presented, and who should be presenting it. This may include seeking out existing groups, organizations, and programs that serve the farmworker population and including them in your health education initiatives; this enables you to better serve your population through combined planning efforts.
- 3) *Implementation*—doing it! Putting your plan into action.
- 4) *Evaluation*—using program results to gauge the effectiveness of your health education efforts. Did the group learn the information you intended? Did the presentation go as planned? Generally includes a pre- and post-test to measure your group's knowledge of the presentation topic before the presentation as opposed to after it. Make sure to document these findings in your records.



Case Study: Compounding Challenges

For an unknown reason, a farmworker has recently increased his alcohol consumption by a large amount. Miguel, the local Community Health Center's health educator does some research about alcohol consumption. A presentation is prepared, and he talks to the farmworker about the importance of following his doctor's instructions. The farmworker responds by saying it does not matter because his uncle drank for his entire life and lived to be 91. At this point, Miguel feels a little frustrated and discouraged.

The following week, Miguel runs into the farmworker's wife in the supermarket. During their conversation, he discovers that she is pregnant. This will be the fourth child in just over three years. The wife informs Miguel that she is worried about her husband. He lost his job three weeks ago and does not know how he is going to provide for his family. Since both the farmworker and his wife attended prenatal classes that Miguel helped to organize last year, they realize the importance of good prenatal care. However, they do not think it is available to them due to their current financial situation. Miguel begins to realize that perhaps a combination of several problems have occurred in different aspects of the farmworker's life, leaving him overwhelmed.

Fortunately, Miguel has developed strong working relationships with the Migrant Employment Coalition, the WIC office, and the Compañeras Maternal Support Group. During the next visit to the farmworker's home, Miguel says that he noticed a new grower will be opening his farm the following week and is accepting applications from pickers. Miguel also helps the wife schedule an appointment at the WIC office.

An outreach worker from a maternal support group happens to be in the WIC waiting room when the wife goes for her appointment. The group connects mothers with affordable prenatal care at the Community Health Center. She invites the mother to attend their weekly classes. Transportation is provided.

Three weeks later, Miguel visits the farmworker. Things seem to be going well. The farmworker informs Miguel that he is trying to give up drinking. He realizes it is damaging his health and he cannot provide for his family if he is not healthy.

This case study illustrates that no single aspect of an individual's life exists in a vacuum. Influences from other aspects of our lives can affect our health and well-being. An educator will oftentimes find him/herself assuming an array of roles and responsibilities. You may find yourself in the role of a counselor, friend, employment agent, or social worker. These cross-discipline situations occur regularly within the health education profession.

Health education involves more than just teaching health; health educators are agents of social change. Health problems can be broad-based and diverse. The effective educator recognizes this



and attempts to develop a customized approach that meets the needs of those he or she serves. This includes promoting self-reliance and fostering independence.

Before a Health Education Presentation

Begin By Asking These Questions

Before you start to plan any health education presentation, you should have a good idea about the health and social needs of the farmworkers and their families in your area. Please refer to *Chapter 5: Needs Assessment* for ideas on determining needs and conducting a needs assessment. When you have an idea of the needs, the main health concerns, and a few topics you could present, ask yourself the following questions:



Photo courtesy of Santa Clara County Migrant Education

- *Which of the topics are likely to significantly affect the lives of farmworkers?*
Clinic staff and service agency people will often give you advice about the health problems that are most impacting people's lives, and certain farmworkers will tell you themselves. You will get a more accurate sense of their needs and interests the more you speak with and listen to farmworkers in the community and the people who help them.
- *Which of these topics are the most essential for farmworkers to learn more about?*
Look at statistics from the clinics or studies done in your area to determine which health problems are actually experienced by farmworkers. Assess the knowledge level that farmworkers already have regarding these topics. Balance this need with their interests and the amount of time you have available to spend with each group.
- *Which of these topics would interest farmworkers the most?*
Even a topic you think is extremely urgent may not be the best one to start with. Refer to your needs assessment findings to learn which topics farmworkers want to know more about; if you don't have this information, consider adding a question to your encounter form in order to start collecting this information for future use. Be especially mindful of health topics that repeatedly appear.
- *For which of these topics do you have good visuals, videos, or other materials?*
Before deciding which topics to present, you may want to see the topics for which you can easily get a compelling video, pamphlets, poster, or other visual aid. Good materials help to focus discussion and provide recognizable examples.
- *Which of these topics would you be most interested in presenting?*
Your ability to be an effective presenter depends in part on how interested and comfortable you are with a particular topic. If there is a topic you do not feel comfortable presenting, consider starting with another and returning to it after you have had experience with others.



You will not be able to answer all of the above questions at first, but keep them in mind as you move along.

Building on Existing Resources

The first step in planning for any health education presentation is to check on any existing education efforts. Does the health department have any education programs in the community or clinics? Are there any English as a Second Language (ESL) programs in the area? What kind of health education activities does the Migrant & Seasonal Head Start agency offer? Do people in your clinic deliver health education? If so, in what manner do they conduct the education?

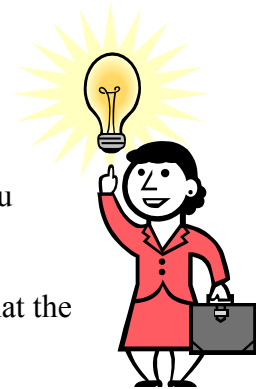
Asking yourself these kinds of questions will help you solve problems in terms of:

- 1) Available resources
- 2) Times that farmworkers are available
- 3) Places that farmworkers are available; i.e. ESL classes, Head Start groups, etc.

Note: You may find that the health department or Head Start is not covering health topics that are of concern to your farmworker community. Take the opportunity to see how, when, and where different agencies work with farmworkers and participate in efforts to improve these programs.

Setting Goals & Objectives

Defining goals and objectives for your health education activities provides direction and assists with measuring the success of your efforts. Use what you have learned from the “Begin by Asking these Questions” segment (previous page) and existing resources to inform these goals and objectives. Consider working together with a team of administrators and outreach staff to ensure that the organization is invested in these health education aims and initiatives.



What is a GOAL?

Goals are broad, brief “statements of intent” that provide vision for program planning.

Example: To decrease the overall number of farmworkers affected by parasite exposure in Sana County.

What is an OBJECTIVE?

Objectives are concrete statements that break down your goal into manageable pieces. They are meant to be realistic targets for the program or project to help the program reach its overarching goal.

Example: At the end of the one-hour parasite safety session at the county-wide farmworker health fair, 80% of farmworker parents who attend will be able to a) identify three sources of potential parasite exposure; b) know the most important way to prevent exposure in children; and, c) know three signs of potential parasitic infection.



Making Objectives SMART

For every objective you write in your activity planning, hold it up to the *SMART* test described on pg. 6-12 of the *Outreach Program Planning* chapter. Do your objectives meet the following criteria?

S	SPECIFIC: What exactly are we going to do? With or for whom?
M	MEASURABLE: Is what we say we are going to do measurable and can WE measure it?
A	ATTAINABLE: Is what we set out to do actually do-able?
R	REALISTIC: Can we achieve what we want in our environment with the resources we have in the specified time frame?
T	TIME-BOUND: By what date will we accomplish this objective?



Photo courtesy of Clinicas de Salud del Pueblo, Inc.



Health Education Planning Worksheet

Use this worksheet every time you design your health education activities!



1. How will you assess the health education needs of your group?
2. What is the health issue (**topic**) to be covered in your health education lesson?
3. What is the **overall goal** of this health education presentation?
4. What is the **most important information** that you wish to get across about this health topic?
(Try to focus your message!)
5. Design your **objectives** based on the most important information you want to pass on to your audience. *(Remember to make your objectives SMART!)*
6. Who is your primary **audience**? *(women, children, mixed audience of adults?)*
7. How will you assess the previous knowledge your audience has on the topic?



8. How will you **present** the information? Make an outline for/describe your activity. *(If your activity involves using written materials, make sure to make them **farmworker-friendly**)*

9. What **materials** will you need?

10. How much **time** will you need? What **time of day** will you carry out your activity?

11. **Where** will you do your activity? Where would be the **best place** to conduct this activity with your farmworker population? *(Think about the places where farmworkers congregate and where they will actually have time to participate)*

12. How will you **evaluate** the participants' understanding of this information? How will you know if your activity was successful in meeting your objectives?



CONSIDERING LOGISTICS FOR HEALTH EDUCATION

Creating Your Own Health Education Materials

This manual lists many organizations that may have health education resources. There are a number of things to consider before you use these materials with farmworker audiences. It is not always possible to get the very best posters, pamphlets, or videos. The following guidelines, adapted from *Helping Health Workers Learn* (Werner & Bower, 1995), can help you to evaluate both the materials you are using and the ones you plan to use.

- The best materials are those *you make yourself* – or have farmworkers help you make. When you make them, take into account the health situation in your area, the different languages, farmworker literacy levels, etc.
- Look for ways to use *real objects* instead of illustrations. Real objects are more meaningful and can lead to better discussions because of their relevance and familiarity.
- Draw human anatomy (and signs of health problems) on people when possible, instead of on separate paper. Some people have used t-shirts with lungs drawn on them or posters with lungs on them that hang around someone's neck. This helps people identify where the body part actually is and how it works.



- Make and use *visuals* that are interesting and fun. When talking about hypertension, for example, you can make a 'heart' using a plastic dishwashing soap bottle and some surgical tubing. Fill the bottle with liquid. Have the members of the audience squeeze the bottle before and after you bend the tubing to make it more difficult for the 'heart' to pump the blood.
- When using pre-made materials, look for ones that have been made specifically for farmworkers. A pamphlet or poster picturing a farmworker and written simply and clearly in the farmworker's own language has a strong and lasting impact.
- Be mindful of varying literacy levels of participants. Generally, it is recommended that written materials be written at a 5th grade reading level without technical terminology.



Remember, literacy does not just mean that someone can read. Someone may be able to read something aloud, but unable to understand what they have just read.

To rapidly assess someone's literacy, hand him/her written material upside down. A skilled reader will pick up on this right away and will adjust the page. A weaker reader may take a while to figure it out. Someone who cannot read is likely not to realize the mistake.

With written materials, consider the following: 1) Using lower case, non-script, and medium-large fonts; 2) Inserting bullets or putting the content into short segments; 3) Including plenty of white space; and 4) Using pictures/graphics when possible.

Selecting a Site for Health Education

Part of determining how to do health education presentations is determining where, when, and with whom. Talk to other outreach workers who might be working in your area to ask them what they feel are the most appropriate settings, days of the week, and times for locations in your area. Some possible settings include:

- Camps or homes
- Clinic waiting rooms
- Laundromats
- Health fairs
- Parent education meetings
- Flea markets or shopping areas
- Grocery stores
- Sporting events
- Religious events
- Schools
- Outreach vehicle
- Worksites

Each setting has specific considerations that must be taken into account. The following are some issues to think about with regard to camps, clinic waiting rooms, laundromats, and health fairs.

Camps

One of the most common places for presentations is on a farmworker labor camp. The camp is an easy place to find an audience—and is less likely to be distracting or uncomfortable than a public setting like a laundromat. Here are some things to remember about camp presentations:

- It is a good idea to talk to the owner or crew leader (if there is one) before setting anything up. Make sure you inform him/her of the topic you wish to present.
- People will feel more comfortable coming to participate if they recognize you and know a little about you. Consider going to the camp to distribute clinic information, conduct health screenings, or mingle with people before you give a presentation.
- Conduct your presentation in a quiet but obvious part of the camp—that way late-comers will not have trouble finding you.
- Before you conduct the presentation, consider how to accommodate parents/children. Bring a video, game, crayons, or some other entertainment for children if possible.
- Consider using role-plays. Camps are a good place to use role-plays and mini-dramas. If you already know people, you can arrive early and recruit a few ‘helpers’ for your presentations. This kind of interaction can really make a difference in terms of involving the audience and helping people to relax.



- Think about using videos. For many farmworkers, camp life becomes very monotonous. If you can bring a video player and good health education videos, you will be entertaining farmworkers as well as helping them understand how to improve their health. Do not rely solely on the video to educate though; after the video is over, do some follow-up education.
- Be aware that substance abuse and violence can occur at times. You may encounter problems with members of your audience who might be angry at each other or drunk. It helps to have someone on the camp you can rely on for help if a problem arises. At times, you may be required to have a disruptive person removed from a presentation. Try saying something like: “We will have to stop the presentation if the noise/trouble continues.” If that fails, ask a friend or the crew leader to talk to the person to find out if he/she will cooperate. You can also ask the person to meet with you afterwards to discuss the problem he/she is having, but always use caution.



Photo courtesy of Cherry Street Health Services

- Be cognizant of cultural sensitivity issues that may come up while conducting health education in labor camps. For more information on cultural sensitivity, see *Chapter 1: Understanding Farmworkers*.

Clinic Waiting Rooms

People in waiting rooms often have to wait a while to see providers and might enjoy a chance to talk about health topics. Some important points to consider:

- Find a balance between the busiest hours when there is too much commotion and the slow hours when no one is there. Nevertheless, the busiest hours may also be the times when farmworker families are waiting the longest; so these times may sometimes be appropriate.
- Be sure your presentations are understandable to everyone present. Interpret or have interpretation available.
- Be especially mindful of addressing sensitive topics in clinic waiting rooms. Assume that people will not feel comfortable discussing their specific health needs in an open, public location. Additionally, assume that there will not be enough time for setting the tone and establishing trust with the farmworker patient. Be aware of your organization’s HIPAA regulations as well.
- Consider that while you may have a captive audience, health educators need to remain mindful and respect individuals that may not necessarily want to engage in health education discussions.



Laundromats

Everyone washes clothes. People spend many an ideal hour waiting for the machines to finish. But when conducting health education in a laundromat, remember to:



- Talk to the manager (if there is one) about what you plan to do. He/she may also be able to tell you the times when the most farmworkers are there.
- Try to find a central place where the noise from the machines will not drown out your presentations.
- Understand that people will be coming and going throughout your presentation.

Health Fairs

Health fairs are a gathering of area service providers where people can receive information and services free of charge, including dental cleaning, blood pressure checks, and HIV testing. One-on-one and group health education can also be conducted at health fairs. Search out health fairs already organized in your area, and help make them accessible to farmworkers. If no health fairs currently exist in your area, consider starting one yourself. Health fairs are fun and often draw a large crowd if well-publicized. Remember, health fairs require a significant amount of planning and work best when they are tightly organized.

- Work with area agencies and health professionals to plan set-up.
- Discuss effective and ineffective aspects of previous fairs.
- Choose a highly accessible location and time, and a day/time that recognizes the target population's schedule.
- Advertise extensively, for example: radio announcements, supermarkets, clinics, camps, parent meetings, daycare, etc.



Photo courtesy of Cherry Street Health Services



USING POPULAR EDUCATION PRINCIPLES

Popular education is an approach to education where participants are active contributors to the learning process. Popular education emphasizes the participants' personal experiences and strives to connect these experiences to societal problems and concerns. The goal is to achieve positive community change through collective consciousness-raising and problem-solving.

Popular education is often associated with Brazilian educator Paulo Freire's work with illiterate adults in developing countries during the 1960s and 1970s. Freire tried to empower those he worked with to be able to look critically at themselves and their world and, as a result, act to improve their lives and the world around them. Over the course of time, Freire developed a theory of education that was outlined in the book Pedagogy of the Oppressed (1970). Earlier uses of popular education principles can be found during the French Revolution and in workers' education during the 1920s and 1930s in the U.S.

The following are basic features of popular education. It is not necessary to accomplish all of these characteristics in order for your health education approach to be regarded as popular education. If you are able to accomplish some of these actions with farmworkers, consider yourself to be on the right track for delivering popular education.

Popular education...

- Fosters the development of critical thinking about participants' social situation;
- Draws from people's own experiences;
- Encourages learners to function as teachers;
- Emphasizes participation and reflection;
- Demonstrates respect for learners, including their social situations, their experiences, and their inherent ability to be agents of change in the world;
- Fosters leadership and group self-direction;
- Uses a variety of learner-centered activities, such as role-play, small group discussions, games, and work groups;
- Acknowledges and taps learners' diverse learning styles; and,
- Inspires participants to take action.



Effective Educating



The most effective educating occurs when the distance between the student and the teacher can be overcome. In some cases, the differences in how men and women are viewed, the language spoken, and culture create tensions between teacher and student. These tensions can block or slow communication.

Everyone has his or her own style of teaching. Some people like to make jokes; others are more serious. Some people make their own visual aids; others buy them. There are many different ways to talk about pesticides, immunizations, or HIV/AIDS. People who have worked with farmworkers for many years have determined that a formal lecture is not the most effective way to encourage farmworkers to address their health and wellness. Good teaching is the art of drawing out ideas.

Traditional Education Method	Popular Education Method
<ul style="list-style-type: none"> • The educator/outreach worker is the leader. The educator/outreach worker has all the necessary information. • The educator/outreach worker is the expert. • The educator/outreach worker assumes the farmworker does not know anything about the subject. • The educator/outreach worker prepares for a complex discussion. Only one topic will be discussed. Everything is pre-planned. • The educator/outreach worker tells the audience the correct answers. 	<ul style="list-style-type: none"> • The educator/outreach worker is the facilitator. The educator/outreach worker helps build upon what people already know. • Farmworkers have knowledge about some subjects. • The educator/outreach worker has knowledge about some subjects. • The educator/outreach worker prepares a number of activities designed to promote active learning, discussion, sharing of information, and fun. • The educator/outreach worker helps farmworkers learn from each other and gain confidence in each other.



Begin with a Motivating Activity and the Familiar

Start your presentation by focusing on what you have in common. Use easily-recognizable words, stories, pictures, games, and role-plays. The goal is to make everyone participate in the presentation. For example, when talking about tuberculosis (TB), don't start by talking about PPD tests (a complex medical term); instead, demonstrate how germs are spread (blow kitchen flour or baby powder into the air or onto hands).

Find Out What the Audience Knows and Wants to Know

Ask questions from the start. Ask your audience **what they already know** about TB, HIV/AIDS, and immunizations. Be specific! For example, they may want to know: What do you know about TB? Do you know someone who has TB? Do you know how they got the disease? What happened to them?

Ask questions to encourage the sharing of ideas and personal experiences. Next, find out what they would like to know. For example: Where would I go for an HIV test? What are the effects of the medicines used to treat TB? What are the symptoms of TB? Knowing that these are the participants' most pressing questions can save you a tremendous amount of time and move the presentation more quickly to the most important information.



Providing New Information That Builds on Existing Knowledge

Effective health education draws on existing knowledge and helps people see what they already know, not just what they do not know.

For example, if people are unfamiliar with the effects of lead poisoning, one way to help them understand is to compare lead poisoning to something more familiar, like food poisoning. By talking about the medical effects of lead on children, you may scare people, but not really provide them with useful information. Always discuss health problems in clear and simple language.

Whenever possible, avoid complicated charts and graphs. For example, when talking about anatomy and TB, use an actual person with lungs drawn on them, or hold a diagram over where the person's lungs would be. Use pieces of cut-out paper dots to represent white blood cells, infections, etc. The more fun and visually interesting you make your presentation, the more likely people will remember what was discussed.

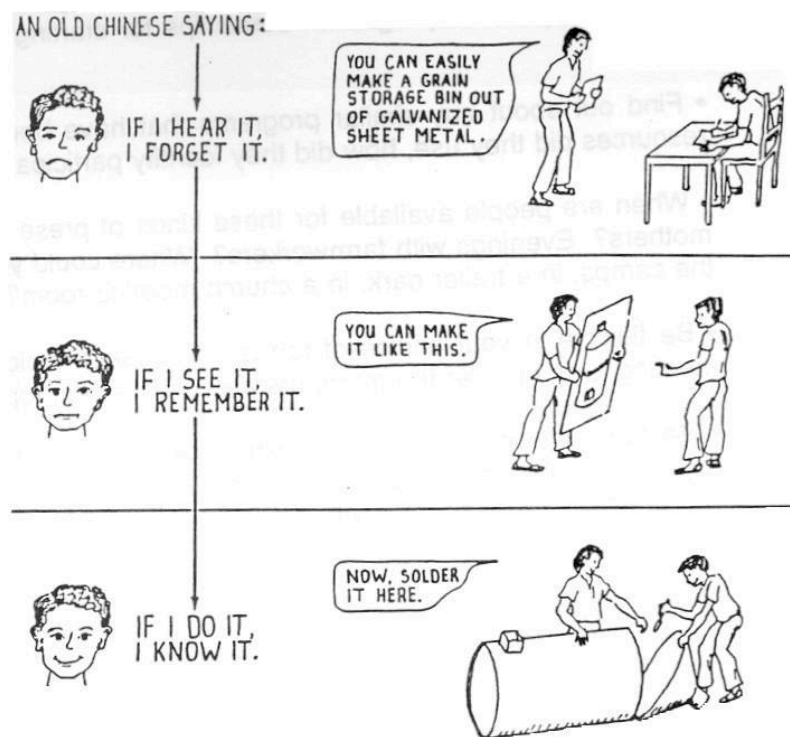


Fun Activities Encourage Participation and Information Sharing

Activities should accomplish the following:

- 1) Recognize that farmworkers have knowledge of their health;
- 2) Include well-planned visuals that relate to people's experiences.

Role-playing, problem solving, games, videos, and small group discussions are great ways to encourage people to participate in their learning. However, sometimes people are not ready to learn this way. You may have to win their trust and confidence before they willingly participate.



From Helping Health Workers Learn, Werner and Bower, Hesperian Foundation.

Role-Play

One of the most effective ways of sharing information and breaking the ice is through role-play. It requires few props and needs little preparation. Playing a role can be entertaining, giving people a chance to laugh, get involved, and relieve frustrations. A role-play can communicate complicated ideas in an informal and active way. Because the participants are doing the talking, you can learn important information. But be careful. Always check in with people to ensure that they are comfortable participating. Some may want extra time to look over their role or otherwise prepare.

Tips on planning a role-play:

- Every role-play has a central problem or event. Choose an event and plan the character's possible reactions.
- Clearly explain the roles and use of props.
- Choose reliable participants.



- Participate in the role-play. If things go on too long or if you want to make an additional point, you can adjust the role-play as a character.
- Do not break the flow. Allow room for changes or surprises without letting it spin out of control. Clearly define the start and finish.
- The end of a role-play usually begins your discussion. Ask the audience their reaction. “What happened? Why did this person do such and such? What could they have done differently?” This is when the group as a whole can become really involved.

Examples of role-plays:

- A farmer accidentally sprays his workers with pesticides.
- How to care for someone with heat stroke.
- How to communicate with a person in a clinic who does not speak your language.
- What to do when you have a rash.
- How to talk to a person who is seeking help for a drinking problem.



Problem Solving

Problem solving and role-playing are similar in their use of real life situations and interactions. Problem solving can be used when role-play is not appropriate or possible (when time is short or there is too much commotion). Present a picture of a farmworker suffering effects of pesticide poisoning (unconscious in the field), a malnourished child, or a rotten tooth. Ask your audience to help you solve the problem. If they are literate, write all these questions and answers down. The questions should be clear and require straightforward answers.

Why was this person sick?

He was sprayed with pesticides.

Why was he sprayed with pesticides?

He was in the field.

Why was he in the field?

He was working.

Why didn't anyone warn him?

They don't always tell us when they spray.

Another method of problem solving is to have members of an audience select items from a bag. You can create a 'grab bag' for multiple health topics or a bag that is topic specific. For an HIV/AIDS presentation, include a box of razors, a condom, a toothbrush, a plastic syringe, and ask whether HIV can be spread by using these articles. Ask people to explain their answers. This kind of participation can lead to very lively and informative discussions. This is an excellent teaching method that allows you to tap into farmworkers' existing knowledge and life experiences on a specific health topic.

Games

Simple games are also effective health education tools for both children and adults. If you want to talk about HIV/AIDS or about working with pesticides, start your presentation with a 'game of chance.' Ask for a volunteer to select the cup (of three) with an object (like a nut or bottle cap) under it. The risk that this game involves can then be compared with real-life situations, like contracting HIV or an STD.



Many other games can be used for teaching about health. When talking about nutrition, set up a chart illustrating the food groups and distribute pictures of different foods. Ask members of the audience to come up one at a time and tape their pictures on the corresponding section of the chart. In this way, the group can discuss in more detail the meaning and importance of healthy eating.

The best games are those that require choice rather than luck to win. David Werner's Helping Health Workers Learn has many ideas about games for learning about health. Additionally, Chapter 9: Health Education Recipes has numerous activities to consider. Be creative and make up new games or adapt old ones to suit your audience.

Video & Discussion

Videos can be an effective educational method. They are most useful when accompanied by an organized discussion or an activity. Many educators have decided that showing a video is all that they need to inform an audience about AIDS, pesticides, or prenatal care. Unfortunately, videos often provide answers without encouraging or allowing viewers to come to their own conclusions. In addition, many videos are not appropriate for farmworker audiences. Though good videos can provide information and entertainment, they are ineffective tools for helping people take control of their lives. Since almost everyone likes to be a film critic, try stopping the video and asking for responses. Do you think this situation in the video is like real life? Has it happened to you? What did you do differently? Do you agree with what the characters said?

Try not to use information on videos to scare or silence people; rather, use it as a springboard to discussion, exploration of health topics, and motivation to change behaviors.

Small-Group Discussions and Work Groups

Another common method for conducting education is the small group. The advantages of small group discussions are:

- Allowing for detailed discussion of a particular topic
- Giving less-talkative people an opportunity to share their ideas
- Encouraging members to take an active role



In order to make the small group discussion productive, consider the following:

- Small group discussions work best with farmworkers you know well or with whom you have done other presentations.
- Each group needs to have a particular task and clear direction about how to accomplish it.

Provide Practical Information to Improve or Change a Situation

A presentation that encourages change but does not realistically address the current situation is frustrating. Your role as an educator is to provide key information that helps farmworkers realize that they already have many of the answers and solutions needed to change. They have the ability to improve their lives both individually and united with others.



- When developing a presentation, include useful information that can be immediately applied.
- When talking about nutrition, include how and where to purchase low-budget, healthy foods. Better yet, plan to go with a group of farmworkers to the grocery store.
- When discussing the importance of safe sex, provide names and addresses of local organizations that provide information about birth control and STI prevention.
- When presenting information about farmworkers' rights to healthy working and living conditions, provide contact information for local and state agencies and organizations that could be of further assistance and provide additional information/education about the subject matter.



Photo courtesy of Clinicas de Salud del Pueblo, Inc.

Encourage Action as a Result of Education

Health education presentations have the potential to motivate people to make significant life changes. As an outreach worker, you can help facilitate this change.

- Arrange for the group to meet again (either with or without you). They can choose to continue discussing the same topic or others of interest.
- Help create leadership. Ask for nominations for a facilitator of the next meeting.
- Help the group make an action plan.

What will we do about X PROBLEM?

- What day is the next meeting?
- What will be accomplished by that time?
- What else will need to be accomplished?
- Who will perform the tasks needed to be completed and by when?
- What are some resources that we can use to help us solve the problem?



ADULT VERSUS CHILD LEARNING

Child Learning (Pedagogy)

The word pedagogy is derived from the Greek words *paid*, meaning “child,” and *agogos*, meaning “leader of.” Thus, pedagogy literally means the art and science of teaching children.

The Pedagogical Model

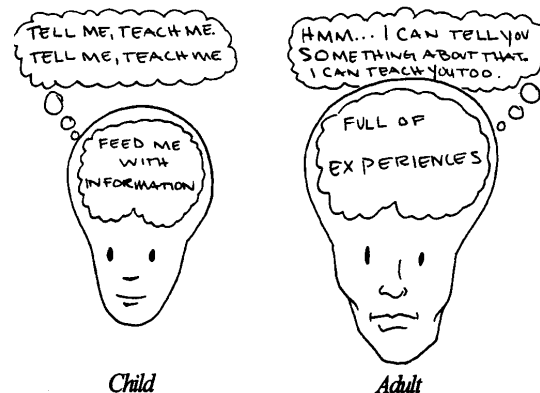
- 1) The need to know—children only need to know what the teacher says they must learn in order to pass.
- 2) The learner’s self-concept—the teacher perceives the child as a dependent personality and therefore the child becomes dependent upon the teacher for learning.
- 3) The role of experience—the children’s experience is of little worth as a resource for learning. The teacher’s experience counts.
- 4) Readiness to learn—Children are ready to learn what the teacher tells them they must learn to pass.
- 5) Orientation to learning—subject-centered approach to learning.
- 6) Motivation—external motivation for learning (e.g. grades, teacher approval or disapproval, parental pressure)

Adult Learning (Andragogy)

Andragogy is any intentional and professionally-guided activity that aims at a change in adults.

The Andragogical Model

- 1) The need to know—adults need to know why they need to learn something before they start to learn it.
- 2) The learner’s self-concept—adults have a self-concept of responsibility for their own actions. In an “education” setting though, adults often revert to their previous conditioning in school days and say, “teach me.” This assumption of dependency conflicts with the inner need to be self-directing and may account for the high drop-out rate in voluntary adult education.
- 3) The role of the learners’ experiences—adults bring a large and varied amount of experience to the learning situation. Therefore, adult education emphasizes experiential techniques. Vast experience can also lead to creating biases, habits, and perceptions that close the mind to new ideas. Adult education also tries to help adults examine these biases and perceptions.
- 4) Readiness to learn—adults come ready to learn those things they need to know to help them cope with their life situations.
- 5) Orientation to learning—life-centered, task-centered, or problem-centered orientation to learning new things.
- 6) Motivation—although subject to external pressures, adults are primarily motivated by internal pressures.



Conditions for Adult Education

Malcolm Knowles, a leader in adult education, developed this framework describing how adults learn differently than children. The ideal conditions for adult education (in **bold print**) are followed by corresponding principles of teaching. Following each adult learning condition are some strategies you should employ to help promote a supportive learning environment.¹



Photo courtesy of the Maine Migrant Health Program

The learners feel the need to learn.

- You expose the learners to new possibilities for self-fulfillment.
- You help the learners clarify their own aspirations for improved performance.
- You help the learners diagnose the gaps between their present level of performance and their desired level.

The learning environment is characterized by physical comfort, mutual respect and trust, mutual helpfulness, freedom of expression, and acceptance of differences.

- You provide physical conditions that are comfortable (as to seating, temperature, ventilation, lighting, decoration) and conducive to interaction (circle or small groups at tables).
- You accept the learners as persons of worth and respect their feelings and ideas.
- You build relationships of mutual trust and helpfulness with and among the learners by encouraging cooperative activities and refraining from inducing competitiveness and judgment.

The learners perceive the goals of the learning experience to be their goals.

- You expose their own feelings and contribute their resources in the spirit of shared exploration.

The learners accept a share of the responsibility for planning and operating the learning experience.

- You involve the students in a mutual process of formulating learning objectives in which the needs of the learners, the facilitators, the institution, the subject matter, and society are taken into account.
- You shape their thinking about the options available in designing learning experiences and the selection of methods and materials and involve the learners in deciding among these options jointly.

¹ Knowles, Malcolm, The Adult Learner (Fifth Edition), Gulf Publishing Company, Houston, TX, 1973.



The learners participate actively in the learning process.

- You help the students organize themselves (teams, field projects, etc.) to share responsibility in the process of mutual inquiry.
- You help the learners exploit their own experiences as resources for learning through such techniques as group discussion, case-study, and field projects.

The learning process is related to and makes use of the experience of the learners.

- You develop the presentation starting with individuals' own experience as a key resource.
- You help the learners to apply new learnings to their personal experiences, and thus, to make the learnings more relevant and integrated.

The learners have a sense of progress toward their goals.

- You involve the learners in developing mutually-acceptable goals for making progress toward the learning objectives.
- You help the learners develop and apply procedures for self-evaluation according to these criteria.



Photo courtesy of Quincy Community Health Center

General Tips for Conducting Health Education

Keep a Positive Attitude

Human beings sometimes perceive and react to things on a strictly subconscious or instinctual level. The attitude you take towards your work can greatly influence your effectiveness in reaching your target audience. If the presenter or facilitator does not feel good or confident about what he or she is presenting, chances are no one else will.

Smile, remain positive, and be approachable. Your demeanor can put others at ease, creating a positive environment for them to absorb all the valuable information you wish to provide. Additionally, take an interest in your target audience. For example, when farmworkers share information about their lives, engage in actively listening and ask appropriate questions.



Be Aware of Group Dynamics

Every camp and group has its own individual personality. There may be leaders and individuals who monopolize time and attention. It is the educator's responsibility to recognize when these instances occur. Strive to include the less assertive individuals in activities or functions as well. By having your entire audience participate in health education lessons, fresh ideas and unique perspectives can be introduced. It also promotes group unity and increases the confidence and self-esteem of participants.

Every facilitator also has a unique style for maintaining order within the group. Within group settings, things do not always run smoothly. Tempers may flair, disagreements may occur, and some members may feel ignored. How you deal with these problems may depend on how long you have worked with the group, the group's dynamics, or even the group's overall literacy level. It is important to maintain professional relationships between the facilitator and the group.

Take Advantage of Rainy Days

Most farmworkers are unable to work in the fields on rainy days, giving you a great opportunity to visit camps during daytime hours. Even if you do not have any specific activity planned, the farmworkers will be excited to speak with you. Additionally, rainy day visits build confidence and trust between the outreach worker and farmworkers.



Visit Farmworkers' Work Site

You may wish to visit the field or packing house to witness the farmworkers at work. This enables you to meet the farmworkers in a setting other than the camp. It also provides you with an idea of the farmworkers' working conditions. They appreciate having someone take such an interest in the migrant/seasonal lifestyle. Before planning such a visit, make sure you obtain permission from the grower and/or packing supervisor.

Always Be Professional

Professionalism should be maintained at all times. Remember that you are a respected member of the community. Never compromise that respect and your foundation of hard work.



EVALUATING HEALTH EDUCATION SESSIONS

No evaluation instrument gives you completely accurate information on the effectiveness of your ability as an educator or your programs. However, a well-prepared instrument can give you an idea of your strengths and weaknesses, the elements you should continue using, and the elements you should alter or discontinue.

An evaluation is not a magic formula that allows you to separate the “good” educator from the “bad” one. It is, however, an opportunity to see if you are progressing in the right direction. It enables you to gauge your progress somewhat objectively. Finally, it also allows you to voice your feelings about successes, problems, and suggestions for future improvements.

Informal Evaluation

Ask farmworkers how they liked the presentation, or ask a few people to stay behind and give some concrete suggestions about what they did and did not like. Try inviting people from agencies, the clinic, or other outreach workers to come to your presentations. How did they think things went? What would they have done differently? What did they like? This is a good opportunity for you to showcase to people in the clinic what you are doing, demonstrate your style to other outreach workers, and give other people a chance to meet with and talk to farmworkers.



When you evaluate an activity, you must consider all reasons why it was or was not successful. Evaluate yourself as much as you do the activity.

Formal Evaluation

One way to conduct a formal evaluation of participants' knowledge gained through a health education activity is to use pre- and post-tests. For more information on pre- and post-tests and evaluation in general, please see *Chapter 7: Evaluating Your Outreach Program*. You can also see *Chapter 9: Health Education Recipes* for several creative evaluation tools (pg. 9-9).

In addition to evaluating a participant's experience, it is important to examine your own observations about the content and your delivery of a health topic. Consider completing the following worksheet after each activity and sharing the findings with fellow outreach staff and/or your supervisor.



AFTER the ACTIVITY . . . an evaluation tool

Complete this form after conducting your health education activity and make note of your ways to improve so that you won't forget!

Evaluating the specific content of the recipe:	
1.	Was the activity meaningful for my audience?
2.	Was the activity sensitive to and respectful of cultural and linguistic diversity? Did my activity take into account findings from my needs assessment about the demographics of my FW population (Spanish speaking? Haitian Creole? Mixteco? Women? Men? Families, etc.)?
3.	Did it promote interactive learning and address at least one of the PER factors (preparing, enabling, and reinforcing)? ♦ Did it MOTIVATE my audience to practice a particular behavior (preparing)? ♦ Did it FACILITATE practicing a particular behavior (enabling)? ♦ Did it ENCOURAGE my audience's efforts to continue practicing a particular behavior (reinforcing)?
4.	Did the activity elaborate on the current knowledge base and abilities of farmworkers in the session? Did the activity address where this group of farmworkers were on the <i>Pathway to Change</i> (clued in, clued out, motivated, action, and maintenance)?
5.	Were the location, time of day, and time frame for the activity and setting conducive to farmworkers' schedules? Did my activity reflect good planning on my part?
6.	Did the activity foster questions, active discussion, and participation?
7.	What worked well and why? Was it fun? Were participants engaged in the activity?
8.	What didn't work so well? Why? What will I do differently the next time around?
Evaluating you as the health educator:	
9.	Was I able to effectively answer all questions?
10.	Was I able to effectively facilitate the activity as opposed to dictating it? If not, how can I improve my style the next time around?
11.	Was I able to control group dynamics positively? If not, how can I improve my skills in this area?
12.	Was there anything that happened beyond my control? If yes, is there something I can do about these types of circumstances the next time around?
13.	How can I improve as a health educator in the future?



CHAPTER 9:

OUTREACH-CENTERED

HEALTH EDUCATION RECIPES



Photo courtesy of Eastern Shore Rural Health System, Inc.

In this chapter you will find...

- **Quick & Easy Health Education Tools**
- **Pesticide Exposure**
- **Heat Stress**
- **Diabetes & Obesity**
- **Stress**
- **Sexually Transmitted Infections**
- **Family Communication About Sexuality**

INTRODUCTION

Health education and promotion are essential strategies for fostering farmworkers' engagement in positive health behavior. Oftentimes, outreach staff address the health needs of migrant and seasonal farmworkers through targeted health education. Outreach workers are renowned for their ability to relay valuable health messages to farmworker audiences in a culturally competent way. Sometimes these educational encounters are specially designed and need significant planning. Other times, they are unstructured, more spontaneous, and occur in situations that require adapting content according to farmworker's schedules. This chapter focuses on structured health education lessons targeting migrant and seasonal farmworker populations.

This chapter offers outreach staff Health Education Recipes and tools for facilitating what HOP calls *outreach centered health education*, a concept originally introduced in our *Curriculum for Outreach Centered Health Education (COCHE™)*. This type of instructive approach is unique, as it focuses on delivering health education in an outreach context that responds to the health needs of farmworkers. The health education resources and recipes in this chapter can be implemented during a short period of time and within an outreach setting (where farmworkers live, work, and congregate).

The recipes in the following pages provide examples of reliable models for delivering outreach centered health education. Each recipe was designed to provide outreach staff with a set of hands-on, practical tools that can be readily used among diverse farmworker audiences. This chapter contains two primary sections:

**HOP's Health Education
Recipes are available online!**

Visit www.outreach-partners.org/healtheducation/recipes.html

***Quick & Easy Health Education Tools*.....9-5**

These Quick and Easy Health Education Tools provide outreach staff with brief activities to last about 5-10 minutes. Each tool serves a purpose, including icebreakers, dividing groups into pairs/teams, evaluation, and incentives. These tools can be used in conjunction with many other health education topics.



***Health Education Recipes*.....9-11**

The Health Education Recipes section provides a set of hands-on, practical health education activities to be used among farmworker audiences. This section includes “recipes” that lay-out a series of steps to carry out a 30-60 minute health education session along with Information Sheets that provide useful background information on the topic at hand. The Information Sheets are written for health educators only, and are not to be given out to participants. These sheets are not a comprehensive summary of all there is to know about the topic; instead, they capture key information relevant to the Health Education Recipes that correspond to that topic.



Each Health Education Recipe is intended to stand alone; however, one, two, three, or more recipes can be delivered at a time, in any order. Recipes can be used in conjunction with existing curriculum. However, this chapter should not be considered a substitute for a comprehensive health education curriculum. The Health Education Recipes are organized in the following manner:



- 1) Pesticide Exposure.....9-11
 - Health Education Recipe: Body Mapping
 - Health Education Recipe: How Do Pesticides Enter the Body?
 - Health Education Recipe: Drawing Pesticide Solutions
- 2) Heat Stress.....9-23
 - Health Education Recipe: Help a Friend!
 - Health Education Recipe: Heat Safety Cards
- 3) Diabetes & Obesity.....9-31
 - Health Education Recipe: Healthy Portions
 - Health Education Recipe: Lower the Trans Fat!
 - Health Education Recipe: Physical Activity Paper Ball Game
- 4) Stress.....9-46
 - Health Education Recipe: Managing Stress
 - Health Education Recipe: Coping with Culture Shock and Displacement
- 5) Sexually Transmitted Infections (STIs).....9-56
 - Health Education Recipe: Fruity Fun!
 - Health Education Recipe: Signature Hunt
- 6) Family Communication about Sexuality.....9-64
 - Health Education Recipe: Attitudes and Beliefs
 - Health Education Recipe: Talking about Sexuality and Values



How Can HOP Assist You Further?

If you would like more information on these topics, please visit www.outreach-partners.org and click “contact us.”

Specifically, HOP can help you:

- Tailor Health Education Recipes to the specific needs of your farmworker–serving organization and target population
- Review health education materials for appropriateness with farmworker populations
- Evaluate the effectiveness of specific health education activities
- Assist farmworkers in becoming equal partners in their own health care



METHODOLOGY

According to HOP's *Breaking Down the Barriers: A National Needs Assessment on Farmworker Health Outreach*, health education was the most frequently performed outreach activity as well as the outreach activity of highest priority to respondents' organizations. Health education skills are integral to the effectiveness of any program that provides health outreach to farmworkers and their families. As such, HOP has designed a host of products and services that address the demands for this critical skill set—of which this chapter is just one part.

Each Health Education Recipe falls into one of the following topics: Mental/Behavioral Health, Nutrition, Occupational Health, and Sexual Health. These topics were identified based on findings from the *2005-2006 National Needs Assessment of Farmworker-Serving Health Organizations* as well as anecdotal information collected through interactions with farmworker-serving organizations nationwide. An advisory council comprised of migrant health leaders was organized for each topic. Each council provided guidance on what specific areas should be emphasized within the Health Education Recipes. Based on this information, HOP developed Health Education Recipes based on activities used by organizations with farmworker populations and/or in outreach settings. Additionally, farmworker parents involved in the leadership of a Migrant and Seasonal Head Start agency also contributed to this process.



Photo courtesy of HOP

HOP wishes to thank the following people and organizations for their generous contributions to the Outreach-Centered Health Education Recipes chapter:

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QUICK & EASY HEALTH EDUCATION TOOLS



Part of offering enriching outreach centered health education is having a variety of flexible, useful, and fun activities that are available in a “snap.” These activities, or tools, can be drawn upon at a moment’s notice and require minimal preparation time. Generally, each one will require 5-10 minutes of delivery time.

These activities are amenable to various health education topics and are categorized below according to four uses: icebreakers, dividing groups into teams/pairs, evaluation exercises, and incentives. Additionally, in the Health Education Recipes section, we have included suggested Quick and Easy Health Education Tools that complement the recipes. Try one out for yourself and see how these tools can work for you!

Icebreakers

Icebreakers are activities encourage a comfortable educational setting and help participants become acclimated to a learning environment. Icebreakers also facilitate proper introductions, especially for those new to the educational setting. Additionally, icebreakers stimulate fun and engaging interactions that create a positive atmosphere for participatory learning. Icebreakers are typically used at the beginning of a health education session to motivate participants; however, they can also be used midway through a session to energize people.

The following easy-to-implement icebreakers are proven to be useful tools in health education settings with farmworkers. Some of the activities require more time than others; we strongly advise you to assess your time parameters and choose the icebreaker best suited for the specific needs of your audience and health educational setting.

Cabbage Game

Write health-related questions and some fun “get to know you” questions on individual sheets of paper. Make a ball out of the questions, crumpling one sheet over the others so it is easy to take off one sheet while the paper cabbage stays intact. Instruct participants to throw the ball around the group. As a person catches it they peel off a layer, read the question, answer it, and then throw it to the next person.



Grab Bag

Place several health topic objects related to one health topic in a bag. Have a participant choose one object then discuss its relevance to the health topic. Try to have several grab bags on topics already prepared ahead of time. Sample grab bag health topics include: STIs/STDs, blood pressure, pesticides, sun/heat exposure, and nutrition. A pesticide grab bag could include such contents as the following: pesticide warning sign/label, long-sleeved shirt, long pants, hat, socks, gloves, an EPA blue card pesticide poster, symptoms pictures/flip chart, videos (suggestions: *Siguendo el Sol*, *The Playing Field*, and *North Carolina Pesticide Safety Education Video*.)



The Toilet Paper Game

Pass around a roll of toilet paper and tell participants to take as much as they want, but don't tell them why! After everyone has taken some toilet paper, have them tear each piece at the perforations. For each square of paper, have participants share one fact about themselves.

Balloon Juggle and Sort

Give each participant a balloon. Challenge participants to keep all balloons in the air. This gets the group moving and cooperating. Once they've got the hang of it, make it harder by adding in more balloons or placing restrictions (e.g., without hands or only using one finger). Next, ask participants to continue juggling balloons, but sort them via colors (this works best with large groups).

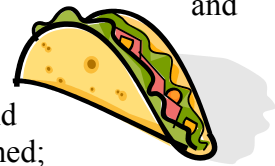


I Am Unique

Ask each person to share one thing that makes him or her unique. This can be incorporated into a classroom exercise for learning names; while participants share their names, ask them to include their unique characteristic, experience, liking, or hobby.

Human Taco

Write one taco ingredient on a set of notecards; each notecard will have a different ingredient on it. Stick a notecard on the back of each participant's shirt. Have each player mingle, asking yes/no questions to find out the taco ingredient on their back. Next, explain the correct order of ingredients in a human taco (tortilla, chicken, beans, cilantro, onion, salsa, and lemon juice). Then, begin the game with a start command, such as "let's eat!" Have participants work with others in the group to line-up according to correct ingredient order. Please note: this icebreaker may be used for small and large groups. If working with small groups, only 1-2 human tacos can be formed; however, if working with large groups, several "human tacos" can be formed.



Dividing Groups into Teams/Pairs

During a group health education session, you may want to change the dynamic and have participants work in smaller groups or pairs. Participants working in smaller groups or pairs are more likely to become involved and actively participate in your health education session. Small groups encourage participants to know each other better, breaking the ice, and creating a more comfortable learning atmosphere. There are a variety of other reasons for considering smaller groups or pairs, including the following:

- 1) Small groups allow participants to learn from each other.
- 2) Small groups create opportunities for more people to practice skills.
- 3) Learning becomes more dynamic and active in small groups.

Instead of simply counting off, consider some of these creative suggestions for dividing a group into smaller groups or pairs. Remember to divide your group first and then provide instructions on the activity you will be doing; this avoids confusion and allows participants to focus on one activity at a time.



Birthday Months

Divide a large group by their birthday months. For example, create four teams by having the January – March birthdays in one group, April – June another group, July – September, and October – December accordingly.

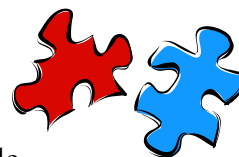


Secret Codes

Place one sticker-dot on participants' name-tags or on a packaged treat. Divide participants in teams based on the color of the dots. For example, everyone with a yellow dot will form one group, red dots another group, etc. You can also make the dots with colored markers. Alternatively, you can distribute different-color markers for participants to write their names on their name tags. Or, handouts for an activity can be copied on different colors of paper.

Puzzle Pieces

Find a few photos or drawings of farmworker-specific issues that relate to your health education topic. Cut them into puzzle pieces; the number of pieces will depend on the number of individuals you want in each group. Then shuffle all the pieces together and distribute one to each participant. Instruct them to find the participants that have the other pieces of their puzzle and put the puzzle together. Participants will work with this team.



Puzzles do not always have to "fit" together physically. You could write the names of people who "fit" together on index cards. For example, divide participants into pairs using these sample combinations: revolutionary figures like Emiliano Zapata and Pancho Villa, farmworker movement leaders like Dolores Huerta and Cesar Chavez, and performing artists like Vincente Fernandez and Los Tigres del Norte. You could select television characters, political figures, movie characters, or even "characters" from your organization.

Famous Phrases

Consider some typical sayings that members of your farmworker community regularly use or would recognize. Write each one on a large strip of paper and then cut it in half. Shuffle all the pieces. Distribute one piece to each participant and explain that they are to find the partner that will make the phrase or saying complete. This is a fun tool for dividing groups into pairs. Have each pair share their saying with the big group. Spanish speakers, for example, could consider such examples as: "Si se puede!" or "Que viva la raza!"

Deck of Cards

In order to divide your group into teams of two, three, or four, use a deck of cards (or a partial deck of cards). For example, suppose you wanted three teams with four participants in each one, select four cards from three different suits, like four kings, four queens, and four jacks. Shuffle the cards and distribute one to each participant. Ask them to find their corresponding teammates that have the same card.



Count Off . . . Backward

Count off backward instead of forward! To break into five groups count off backward from five, "five, four, three, two, one, five..." Then, have all the fives meet-up, the fours, the threes, etc.

Go to Your Corners

If you are providing a health education session indoors, identify reasons for people to go to separate places in the room. For example, you could have them go to four corners depending on whether they are a first born, last born, middle, or only child in their family. You can also connect the corners to content. For example, if you're providing a session on hypertension, you could have participants select the prevention strategy that they like best: exercise, maintaining a healthy weight, quitting smoking, or having a low-salt diet.

Low-Cost Incentives

Low-cost incentives are an excellent tool for encouraging farmworkers to engage in health education activities. For more impact, try offering incentives that support or reinforce a key message being taught. For example, if an outreach worker implements a mental health activity demonstrating how farmworkers should deal with stress and feelings of isolation, they can provide phone cards as incentives for participating. Farmworkers will then be able to contact their loved ones and fortify supportive family relations as a coping strategy. Outreach workers and health educators can ensure that farmworkers have at least one tool available that will allow them to adapt or modify their behaviors more easily.

Gift Certificate Redeemable at a Grocery Store

Gift certificates can be purchased from local grocery stores frequented by farmworkers in your area. This incentive can be given to farmworkers at the conclusion of a nutrition or diabetes prevention/treatment health education session, and will enable farmworkers to seek out healthy foods.

Condom

Condoms can be given to farmworkers participating in sexual health education activities and labeled "practice safe sex" in the preferred language of farmworkers in your area. Condoms are affordable and easy to obtain. Your outreach program might consider contacting a condom company to request a donation.

Work Gloves

Farmworkers wear work gloves to protect their hands while engaging in daily fieldwork, particularly during the cultivation and harvest season. Work gloves are a useful occupational health incentive to encourage farmworkers to protect their hands from pesticides, thorns, plant debris, and insect bites.



Reusable Water Bottles

Water bottles are practical occupational health incentives for health education participants. Farmworkers need to stay hydrated to prevent dehydration and heat stroke, especially during excessively hot weather. Most canteens are reusable and can be utilized by farmworkers season after season. Water bottles can also be purchased in bulk via wholesale retail outlets.



Soccer Balls, Basketballs, or Softballs

To encourage physical activity as a health practice for reducing stress and maintaining healthy weight, outreach staff can provide soccer balls, basketballs, or softballs. Sport-related incentives are fun for an entire farmworker family, and can be purchased for minimal cost at retail chains.



Evaluation Tools

You should always take the time to evaluate your health education sessions. The purpose of evaluation tools is to assess what participants learned as a result of a health education activity. Doing a pre-test and post-test is one good way to evaluate an activity. A pre-test assesses the pre-existing knowledge of audience members about the topic at hand. Performance on a post-test that shows knowledge gained helps you measure success. The first three tools listed below follow a pre-/post-test approach. The remaining two tools are useful for reiterating key lessons from the session while allowing you to assess participants' understanding of these concepts.

Stand-Up/Sit-Down

For this evaluation tool, proceed with the following steps:

- Develop a series of yes/no statements regarding your health education topic. Make sure that they can be easily read aloud. A sample statement could be: “I know three ways to prevent sun exposure” or “I know how many servings per day of fruits and vegetables to eat.”
- Read the statements one-by-one to the participants before the activity. If they can answer “yes” to the statement, ask that they stand; if not, they should remain seated.
- Observe or document the number of participants that stand up/remains seated for each statement.
- Upon completing the activity, repeat the steps above.
- On your own, compare the numbers of participants that stood up for each statement before and after the activity. Use this information to evaluate knowledge gained on the health topic as a result of the session.

Spin the Bottle

This evaluation tool can be delivered before and after a health education session to see what the group learned.

- Develop a series of yes/no questions or other closed-ended questions regarding your health education topic. Make sure that they can be easily read aloud.
- Instruct participants to sit in a circle and place a bottle in the middle of the circle.
- Spin the bottle and ask a question to the person who the bottle is pointing at when it stops.
- Upon completing the activity, present the same series of questions.
- On your own, compare how well participants were able to respond to the questions; this will help you evaluate the knowledge gained on the topic as a result of your session.



Picture Game

At the beginning of the health education session, give each participant a picture related to a health topic and have them describe the picture. Upon completing the session, distribute the pictures again and have them comment on a new aspect of the picture that was addressed during the session. Encourage participants to mention something that was not already discussed when the pictures were initially described the first time. Reinforce the health education activity by bringing up aspects not discussed.

Family Feud

Think of four different topic-specific questions. Write each question on a large piece of paper. Write the answers on large index cards. Divide the participants into two groups. Have each group select a leader and get in a line behind the leader. Give the leader of each group a bell. A question is read and the team that rings the bell first has the first chance to guess the answers to that question. If they miss one answer, play passes to the other team.

Egg Hunt

Write questions about a health topic on little strips of paper. Questions can be multiple choice, true/false, etc. Put each question with a prize into a plastic egg and hide the eggs around the activity site. Divide participants into two teams and have each team hunt for eggs. After a few minutes, gather the entire group and have participants review the questions together. Award one point for each egg found and then a point for each question answered correctly.



PESTICIDE EXPOSURE



Description

Information Sheet



Pesticides are chemicals used to kill insects, rodents, and weeds that might harm our crops and our health. But pesticides also poison and kill other living things, including helpful plants, animals, and people. Pesticides can drift for miles from where they are applied and pollute the soil, water, and air.

In the three health education recipes that follow, we use the word *pesticides* to describe all chemicals used to control pests. They include:

- ***Insecticides*** used to kill insects.
- ***Herbicides*** used to kill weeds.
- ***Fungicides*** used to control plant diseases.
- ***Rodenticides*** used to kill rats, mice, and other rodents.¹

Risks to Farmworkers

Pesticides are a significant environmental hazard for farmworkers and their families. The Environmental Protection Agency estimates that agricultural workers suffer 10,000 to 20,000 acute pesticide poisonings each year. The U.S. Bureau of Labor Statistics has found that farmworkers experience the highest rate of chemical-related illness of any occupational group.

Children from agricultural families are particularly vulnerable to pesticides; they are exposed to higher levels of pesticides than those whose parents do not work in agriculture and do not live close to farms. Migrant farmworker children as well as children living in agricultural areas may be exposed to higher pesticide levels than other children because pesticides may be tracked into their homes or by pesticide drift. Additionally, some children are exposed to pesticides by playing or working in nearby agricultural fields. Children face particular risks from pesticides as their developmental patterns, behavior, and physiology make them more susceptible than adults.²

Background Information

How Do Farmworkers Get Sick from Pesticides?

Pesticides can enter people's bodies in different ways: through the skin, eyes, mouth (by swallowing), or the air (by breathing). Each kind of poisoning needs a different kind of treatment.

Pesticide poisoning can cause many health problems. A person exposed to pesticides can have more than one sign. Some signs show up when a person is exposed. Other signs do not show up

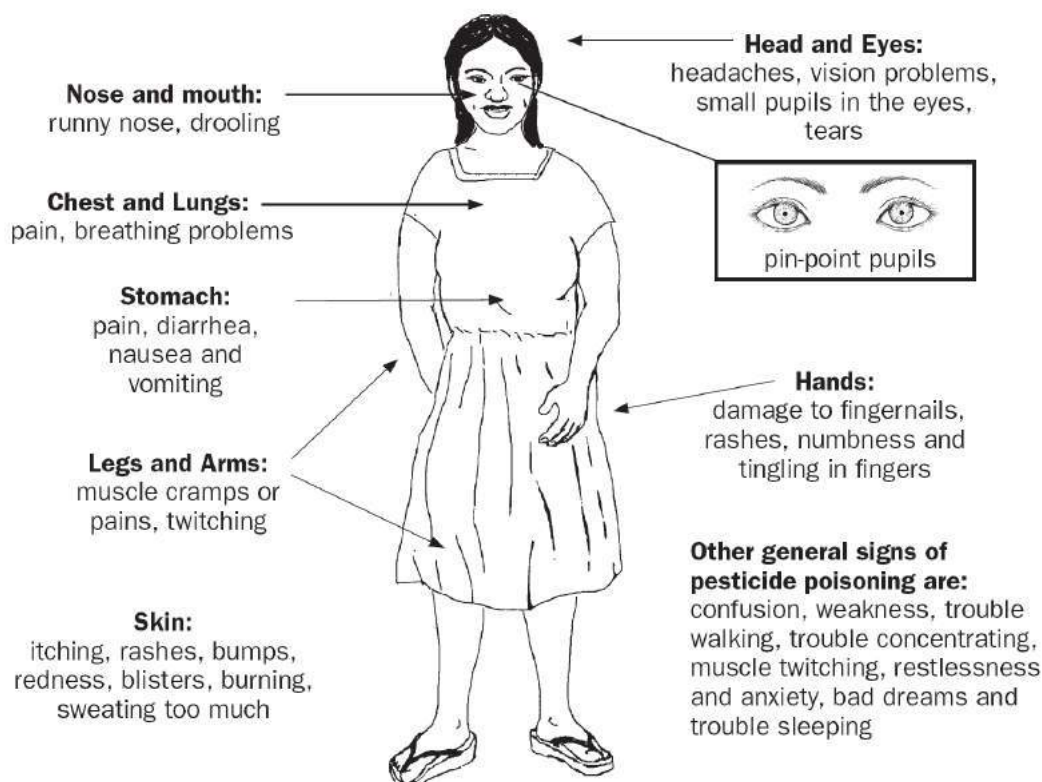
¹ Conant, Jeff and Pam Fadem. "Pesticides are Poison," a section of A Community Guide to Environmental Health, Hesperian Foundation, 2008, www.hesperian.org.

² Migrant Clinicians Network website. Clinical Excellence, Pesticide page: <http://www.migrantclinician.org/excellence/environmental/pesticides>



until hours, days, or even years later. **It can be difficult to diagnose pesticide problems because sometimes the signs mirror those of other common illnesses like colds or the flu.** Here are some common signs of pesticide poisoning.³

Signs of pesticide poisoning



If the farmworkers you are working with have any of these problems with pesticides, they should leave the worksite immediately and not wait until they feel worse. They should get away from the pesticides and go to the health center right away! **Make sure that farmworker participants know the importance of telling their doctor about their pesticide exposure.**

How to Reduce Risk from Pesticide Use:

Most farmworkers would prefer not to be exposed to pesticides. Nobody wants to endanger his/her health or the health of their family. The best way to reduce risk is to avoid working with or near pesticides, however in many cases this is unavoidable for farmworkers.

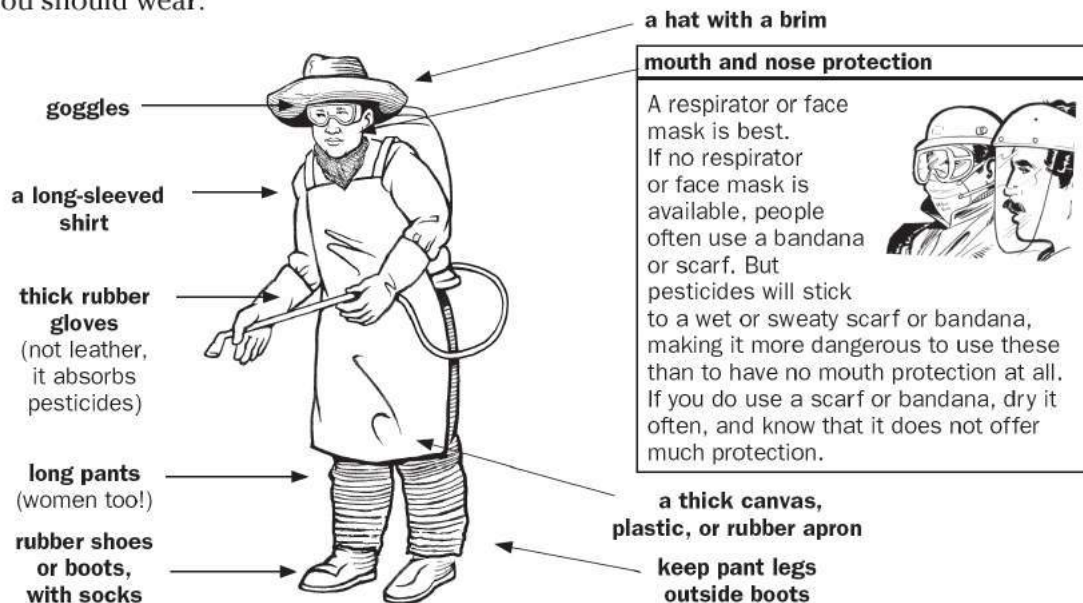
If the farmworkers you know work with pesticides, it is important for them to take precautionary measures. It is critical that farmworkers be responsible for their own well-being and the well-being of other people and the environment. Here are some things farmworkers can do to protect themselves and those around them:

³Graphic and captions are courtesy of "Pesticides are Poison," a section of A Community Guide to Environmental Health by Jeff Conant and Pam Fadem, Hesperian Foundation, 2008, www.hesperian.org.



- Control pests without pesticides if possible.
- Do not work alone with pesticides.
- Use pesticides only on their intended crop.
- Keep pesticides in labeled containers.
- Use the smallest amount you can. More is not always better.
- Do not mix different pesticides together.
- Keep pesticides off your body.
- Keep pesticides away from water sources.
- Do not use pesticides when it is windy, raining, or about to rain.
- Make sure your clothing covers you completely.
- Make sure your equipment works properly.
- Try not to wipe your eyes, face, and neck when handling pesticides.
- Wash your hands before eating, drinking, or touching your face.
- Wash your clothes with care after working with pesticides. Separate pesticide-exposed clothing in a hamper before entering the house and before contact with children.
- Do not enter sprayed fields until it is safe to do so.
- Bathe well after using pesticides.
- Learn to read and understand pesticide labels.
- Create a first aid kit for a pesticide-related emergency. For specific details, see the following resource: “Pesticides are Poison,” a section of A Community Guide to Environmental Health by Jeff Conant and Pam Fadem, Hesperian Foundation.
- Use protective clothing and equipment.⁴

If you work with pesticides or enter a field soon after pesticides have been sprayed, you should wear:



⁴Graphic and captions are courtesy of “Pesticides are Poison,” a section of A Community Guide to Environmental Health by Jeff Conant and Pam Fadem, Hesperian Foundation, 2008, www.hesperian.org.



Corresponding Health Education Recipes

- Body Mapping
- How Do Pesticides Enter the Body?
- Drawing Pesticide Solutions

Glossary of Terms⁵

- *Active ingredient* – the ingredient in a pesticide that kills pests.
- *Acute* – when something happens suddenly, and is serious or strong. An acute illness is one that comes quickly and can be very dangerous.
- *Chronic* – something that lasts for a long time or happens often. A chronic illness is an illness that lasts for many years and is difficult to treat or cure.
- *Exposure* – the way a person comes in contact with something, in this case with pesticides.
- *Inert Ingredient* – the part of a pesticide that is not the active ingredient. Inert ingredients include chemicals that make pesticides stick to plants and bugs or prevent them from being washed off in the rain. These ingredients are often very poisonous.
- *Inputs* – anything a farmer buys to help crops grow. Pesticides and fertilizers are two examples of inputs.
- *Organic agriculture* – agriculture that does not use chemical fertilizers or pesticides. Before pesticides were invented all farming was organic farming. The word organic also refers to crops grown without chemicals.
- *Pesticides* – poisonous chemicals used to kill insects, weeds, rodents, and plant diseases.
- *Residue* – the dry powder or oily film that remains on crops after the pesticide spray dies.
- *Respirator* – a protective mask that covers the nose and mouth and keeps people from breathing poisons. Respirators have various filters for different kinds of poison. In order to work well, a respirator must have the correct filter and be cleaned often. It also must fit very snugly, so that no poisons penetrate.
- *Toxicity* – The potential of any pesticide to cause harm. Some pesticides are more toxic to humans than other pesticides. The signal words of Danger, Danger-Poison, Warning, and Caution on the pesticide label reflects the relative degree of toxicity and hazard to people and the environment. The most potentially toxic or toxic pesticides have the signal word “Danger” and, if they are highly toxic to people, will also have the word “Poison” along with a skull and crossbones symbol on the label. Pesticides that are moderately hazardous have the signal word “Warning” on their labels. Pesticides having lower risk and presenting less hazard have the signal word “Caution” on their labels. Pesticides having the least risk may have no signal word.

⁵ Conant, Jeff and Pam Fadem. “Pesticides are Poison,” a section of A Community Guide to Environmental Health, Hesperian Foundation, 2008, www.hesperian.org.



Resources

- “Pesticides are Poison,” a section of A Community Guide to Environmental Health by Jeff Conant and Pam Fadem, Hesperian Foundation, www.hesperian.org.
“Pesticides are Poison” is a chapter from a guide that addresses environmental health topics such as sanitation, water quality and supply, food security and sustainable farming, mining and oil drilling, industrial pollution and forestry.
- “A Little bit of Poison... Will it Kill You?” Manual for Lay Health Educators
http://www.migrantclinician.org/resources/poison_manual_eng.pdf [English]
http://www.migrantclinician.org/resources/veneno_manual_sp.pdf [Spanish]
This manual is a guide for lay health educators or promotores de salud to assist them with community based pesticide education activities. The manual offers information about health risks from pesticide exposure and ways to lessen these risks. Also, it includes useful information and tips to successfully work in the community. Available in Spanish – “Poco Veneno...¿No Mata?”.
- Migrant Clinicians’ Network
http://www.migrantclinician.org/resources_search?filter_program=84
For a comprehensive list of farmworker-specific pesticide-related resources, patient education and community tools, and organizations.
- National Pesticide Information Center (NPIC)
<http://www.npic.orst.edu> or call 1-800-858-7378
NPIC is a cooperative effort of Oregon State University and the U.S. Environmental Protection Agency. They address questions from individuals and organizations nationwide on a wide variety of pesticide topics, including health and safety, pesticide toxicology, and environmental effects. NPIC assists the public in over 170 different languages and has a dedicated Spanish speaker.





Body Mapping

Health Education Recipe



Acknowledgement: Material was adapted from “Pesticides are Poison,” a section of A Community Guide to Environmental Health by Jeff Conant and Pam Fadem, Hesperian Foundation, www.hesperian.org.

Goal: To protect farmworkers and their families from pesticide exposure.

Learning Objective: At least 75% of participants will share how they have been affected by pesticides; they will also contribute to a discussion about the common dangers they face in their work.

Time: 30 - 45 minutes

Materials: Large drawing paper, pens or pencils, tacks or tape, a bottle, a set of relevant “yes/no” questions

Target Audience: Single farmworkers, farmworker families, and/or youth

Audience Size: Small or large group

Steps:

→ Step 1: Introduce the topic

Introduce the topic of pesticide exposure. Review the definition of pesticides as explained in the first section of the Information Sheet. Explain to participants that this recipe is intended to assist in sharing experiences about how pesticides have affected them and the common situations they face in their work.

→ Step 2: Make a large body drawing

Make a large drawing of a person’s body. If you have sheets of paper that are as large as a person, one person can lie down on the paper while another person traces their outline. Next, tape or tack the drawing to a wall so everyone can see it. If you want, make two drawings – one for the front of the body and one for the back of the body.

Facilitator Note: If your participants are men and women, be mindful of your group’s level of comfort with physical closeness. You may want to delegate the body drawing exercise to a team of two friends of the same gender. Or, distribute a handout with an outline of a body on it.

→ Step 3: Mark the effects of poison

Use the drawings to show what parts of our bodies are affected by pesticides. Each person in the group marks an “X” on a part of the body where he or she has been affected by pesticides. If the group is small, each person can say out loud what the health effect was. For example, was it stomach pain, skin rashes, dizziness? She might also say what caused the health effect. Was it a spill, a mixing accident, drift, just normal work, or something else?



If some participants have not worked with pesticides, ask them to either share stories from other farmworkers they know or they can imagine possibilities.

If the group is large, it may be easier to designate one person from each group to present their drawing. After everyone makes their marks, the facilitator should point to each mark and ask what harmful effect the mark represents. The important thing is for people to use the drawing to illustrate their own experience with pesticides.

→ Step 4: Discuss common pesticide exposures

The outreach worker can ask questions to help people talk about pesticides. [It can be helpful for another person to take notes on a large sheet of paper that everyone can see.] The discussion may be most useful if it is limited to three main questions, such as:

- What effects have people felt from pesticides?
- What activities or kinds of exposure have caused the effects?
- What pesticides have caused the effects?

The discussion may show how many people suffer from the same problems with pesticides. The body map illustrates where people feel the harmful effects of pesticides. *Remember to reiterate that it can be difficult to diagnose pesticide problems because sometimes the signs mirror those of other common illnesses like colds or the flu.* The discussion and the notes are an effective way to record people's experiences and show what exposures are most common, in order to prevent these exposures.

Suggested Evaluation Technique: Consider the “Spin the Bottle” tool (see Quick & Easy Health Education Tools) with questions relevant to the Body Mapping recipe. Possible questions include:

- What health problems are related to pesticides?
- What activities or kinds of exposure can cause these effects?
- Can you name one pesticide that you believe has caused a health problem?





How Do Pesticides Enter the Body?

Acknowledgement: Material was adapted from “Pesticides are Poison,” a section of A Community Guide to Environmental Health by Jeff Conant and Pam Fadem, Hesperian Foundation, www.hesperian.org.

Goal: To protect farmworkers and their families from pesticide exposure.

Learning Objective: At least 80% of participants will mention a minimum of one reason farmworkers are harmed by pesticides and one way farmworkers can protect themselves from pesticides.

Time: 15 – 30 minutes

Materials: Photocopies of the drawing (pg.9-20)

Target Audience: Single farmworkers, farmworker families, and/or youth

Audience Size: Small group

Steps:

→ Step 1: Introduce the topic

Introduce the topic of pesticide exposure. Review a few points from the topic’s background section on the information sheet. Remember to emphasize with participants that it can be difficult to diagnose pesticide problems because sometimes the signs mirror those of other common illnesses like colds or the flu. Explain to participants that this activity is intended to “warm-up” the audience to discuss how people are harmed by pesticides.

→ Step 2: Share the drawing

Distribute a copy of the drawing to each participant.

→ Step 3: Facilitate a discussion

Ask participants the following questions allowing time for discussion in between each one:

- In what ways could this man be harmed by what he is doing?
- Who else may be affected by his actions?
- How could he protect himself?
- What are some reasons why he is not doing everything he can to protect himself?
- How is his situation similar to or different from what you have seen or experienced?
- Any other comments about this picture or your experiences?

While discussing each question, make sure relevant points of the Background Section from the Pesticide Exposure Information Sheet (pg. 9-11) are highlighted.



Conclude the discussion by reiterating the key observations and comments made by the participants.

Suggested Evaluation Technique: Consider using a minor adaptation to “The Toilet Paper Game” (see Quick & Easy Health Education Tools) for evaluating participants’ understanding of pesticide exposure issues. For each square of toilet paper, have participants mention one item they learned or discussed during the activity. For example, participants may mention ways individuals can be harmed by pesticides, ways to protect themselves from pesticides, who is affected by pesticides, or reasons why farmworkers may not protect themselves to the fullest extent possible. Keep an informal count of how many participants mention something. If participants experience difficulty stating what they learned, encourage others to assist them in remembering key points from the lesson. Due to the time needed for this recipe, this technique is recommended for small groups only.



Drawing for Discussion: How do pesticides enter the body?





Drawing Pesticide Solutions

Acknowledgement: Material was adapted from “Pesticides are Poison,” a section of A Community Guide to Environmental Health by Jeff Conant and Pam Fadem, Hesperian Foundation, www.hesperian.org.

Goal: To protect farmworkers and their families from pesticide exposure.

Learning Objective: At least 90% of participants will know at least one solution to a problem associated with pesticide exposure.

Time: 30 - 60 minutes

Materials: Drawing paper, markers, tape or tacks, pieces of paper with a pesticide-related problem written in large words on each one

Target Audience: Single farmworkers, farmworker families

Audience Size: Small or large group

Steps:

→ Step 1: Introduce the topic

Introduce the topic of pesticide exposure. Review the topic’s background and prevention tips from the information sheet. Remember to reiterate that it can be difficult to diagnose pesticide problems because sometimes the signs mirror those of other common illnesses like colds or the flu. Explain to participants that this activity is intended to assist in sharing experiences of how pesticides affect them as well as addressing solutions for these issues.

→ Step 2: Talk about pesticide problems

Discuss common ways people in the community come in contact with pesticides.

→ Step 3: Draw pesticide problems

Each person draws a picture of one way people are exposed to pesticides. These pictures are then taped or tacked to a wall. Next, the group looks at the drawings and decides on three to five of the most common problems they see there. The group then begins to talk about what factors might contribute to these problems.

- What makes these problems so common?
- Why are they so difficult to overcome?

→ Step 4: Draw solutions to pesticide problems

In groups, people discuss possible solutions and draw pictures of their ideas. For example, if the problem is exposure from leaking backpack sprayers, short-term solutions include fixing leaks and wearing protective clothing. Long-term solutions may include buying new equipment or



changing to organic farming. A group might draw any or all of these solutions. Often, a solution will solve more than one problem. Tape or tack the solution drawings to another wall.

→ Step 5: Discuss the solutions

Talk about the different solutions people drew. Which solutions can be achieved soon? Which solutions will take longer to achieve? The drawings can be re-arranged so the most practical short-term solutions are at the top. Talk about how to achieve these solutions and work toward the longer-term solutions as well.

***If you need to conduct this activity in 30 minutes, divide the group into two teams. Assign one group to draw the pesticide problems and the others, to draw pesticide solutions. Discuss the drawings at one time; begin with the pesticide problems and then proceed to the solutions. When you notice a direct connection between a problem and solution, address it with the group. For example, if one problem-related drawing is a child exposed to pesticides while hugging his/her parent upon coming home from the field, a solution-related drawing could be for a person to wash and change their clothes (before hugging their children).*

Suggested Evaluation Technique: Consider a minor adaptation to the “Cabbage Game” recipe (see Quick & Easy Health Education Tools) for evaluating a participant’s understanding of pesticide exposure issues. As each person catches the cabbage, he/she peels off a layer that states a pesticide exposure problem on it; they should respond with an appropriate solution that corresponds to it. Make sure the written segment on each layer is appropriate to the literacy level of your participants or have each problem shown as a picture. Keep an informal count of how many participants were able to mention a solution. For participants having difficulty, encourage others to assist.



HEAT STRESS



Description

Information Sheet



When the body gets very hot, it sweats to cool off and loses liquid. To stay healthy, farmworkers need to drink enough water to replace the liquid lost while sweating. If they do not drink enough water to keep cool or do not get regular breaks from the heat, they can become sick very quickly. This is called heat stress.

Heat stress can cause a headache, fast pulse, painful muscle cramps, and chest pain. One may also feel weak, dizzy, confused, and nauseous. These are warning signs that the farmworker is in danger of collapsing from heat stroke if they do not cool off.⁶

Risks to Farmworkers

Farmworkers across the country perform strenuous labor in hot weather, putting them at heightened risk of heat-related injury or illness. Although heat stress is generally known to affect personal health and performance, its wide-ranging impacts are unknown by many. Increased knowledge and use of healthy workplace practices are necessary to prevent heat-related injuries.

Background Information

Understanding Heat Stress

- Heat can be a source of injury.
- Heat stress occurs when the body generates more heat than it releases. It can also occur when the body temperature elevates due to extremely hot temperatures.
- Symptoms of heat stress may include: fatigue, loss of coordination and concentration, irritability, muscle pain/cramping, blurry vision, headache, dizziness, nausea, and unconsciousness.
- If farmworkers experience heat stress symptoms, they should tell their supervisor as soon as possible, immediately seek shade, rest, and drink fluids like water or a low-sugar sports drink with electrolytes.

Grower Responsibilities

- Provide frequent rest breaks for workers.
- Provide plenty of drinking water (about a quart an hour per worker).
- Provide shade, such as awnings or canopies.
- Learn to spot the signs of heat stroke, which can be fatal.
- Consider a worker's physical condition when assigning work in extreme heat; obesity, pregnancy, age, poor health, and lack of rest can make someone especially prone to heat stress.

⁶ "Heat & Cold," a section of *A Factory Worker's Guide to Organizing for Safe Jobs and Healthy Communities*, Hesperian Foundation, 2008, www.hesperian.org.



- Schedule work during the morning and late afternoon hours when possible during extreme heat and humidity.
- Have trained personnel available to provide first aid at the initial sign of heat illness.

Prevention Tips for Farmworkers

- Drink plenty of water! Even when you're not thirsty. Remember to constantly replenish your body with water as you sweat.
- Don't drink liquids containing alcohol, caffeine, or large amounts of sugar.
- Wear sun-protective clothing like a wide-rim hat and long sleeves.
- Use sunscreen! Reapply when necessary!
- Rest in the shade or a cool place.
- Work at a steady pace; don't overexert yourself.
- Know the signs of heat stress and get immediate medical attention if you're feeling affected by the heat. Make sure your doctor that your symptoms are work related.

Corresponding Health Education Recipes

- Help a Friend!
- Heat Safety Cards

Glossary of Terms & First Aid⁷

- *Heat rash* - Severe skin swelling and clogging of sweat ducts. It is regarded as the least severe symptom of heat illnesses. Though it usually causes only temporary discomfort, it can lead to a bacterial infection that shuts down the function of sweat glands.
Advice: Cleanse the affected area thoroughly and dry completely. Calamine, aloe vera, savila or another soothing lotion may relieve discomfort. Savila is used a lot in the Mexican community for burns and rashes.
- *Heat syncope* - Loss of consciousness, generally sudden, due to lack of sufficient blood and oxygen to the brain. Greatest danger is secondary injury from a fall. It is most likely to affect people not yet acclimatized to work in hot environments. Heat stress can cause it by diverting blood to extremities or the lower body at the expense of the brain.
Advice: Rest, ventilate, and drink plenty of water or electrolyte fluids.
- *Heat cramps* - Heavy sweating, thirst, and painful, involuntary muscle contractions -- most commonly in calves, thighs, arms and abdomen. Often extremely uncomfortable and can be completely disabling. Typically occur during or after hard work and are induced by electrolyte deficiencies that result from extended periods of intense sweating.
Advice: Rest and drink plenty of water or electrolyte fluids.
- *Heat exhaustion* - Symptoms include fatigue, headache, dizziness, muscle weakness, nausea and chills, tingling of hands or feet, confusion, loss of coordination, fainting, and collapse. Occurs during work and results from dehydration, lack of acclimatization, reduction of blood in circulation, strain on circulatory system and reduced flow of blood to the brain.

⁷ University of California, Agriculture and Natural Resources, News and Information Outreach, "UC gives tips for coping with heat stress," <http://news.ucanr.org/newsstorymain.cfm?story=691>.



Advice: Rest in the shade or a cool place. Drink plenty of water (preferred) or electrolyte fluids.

- *Heat stroke* - The most extreme consequence of heat stress, a medical emergency that can occur suddenly if heat exhaustion is not treated. Skin is hot and dry, body is typically hotter than 104 degrees and no longer able to cool itself, and mind is confused, delirious or convulsive. Brain damage and death may result.

Advice: Immediately move to coolest place available, loosen clothing, continuously fan and douse or spray the body with a cool liquid, begin to replenish body fluids by drinking, and summon or rush to aid. Get medical attention or/and transport to a medical facility as soon as possible.

Resources

- Center for Disease Control and Prevention,
“Extreme Heat: A Prevention Guide to Promote Your Personal Health and Safety”
http://www.bt.cdc.gov/disasters/extremeheat/heat_guide.asp
This site provides practical information about heat stress and heat illness and clearly explains ways of preventing it. Information provided is not specific to farmworkers.
- University of California, Agricultural Personnel Management Program,
http://www.osha.gov/dts/osta/otm/otm_iii/otm_iii_4.html#2
This site has a list of brief articles and training aids, government references, presentation slides, and helpful tools that apply to the topic of heat stress.
- U.S. Department of Labor, “OSHA Technical Manual”
http://www.osha.gov/dts/osta/otm/otm_iii/otm_iii_4.html#2
Occupational Health & Safety Administration (OSHA) Technical Manual provides specific governmental guidelines on heat stress and other occupational health issues.





Help a Friend!

Health Education Recipe



Acknowledgement: Recipe first appeared in HOP's OutReach newsletter, "Health Education Recipe from HOP's *Magic Trunk!*" by Judy Cervantes-Connell, Spring 2008.

Goal: To prevent heat stress among farmworkers.

Learning Objective: At least 80% of the participants will be able to: 1) identify two symptoms of heat stress; and 2) understand how to prevent it.

Time: 25 minutes

Materials: Flip chart paper, markers, large duffle bag containing the following: sun hat, sunscreen, water jug, empty bottle of a sports drink, sunglasses, and long sleeve cotton shirt

Target Audience: Farmworkers of all ages, especially those who work in fields

Audience Size: Small or large group

Steps:

→ Step 1: Introduce the topic

Introduce the topic of heat stress; review the topic's background and prevention tips from the information sheet.

→ Step 2: Discuss heat stress prevention techniques

Ask participants to share practices they typically use to prevent heat stress. Then take an item out of the bag of props one at a time, explaining how each helps prevent heat stress.

→ Step 3: Work in small groups

- Explain to participants that now they will work in small groups on a special activity.
- Divide the group into two groups using one of the techniques from the Quick & Easy Health Education Tools section, "Dividing Groups into Teams/Pairs." Distribute markers and a large pieces of flip chart paper with stick figure image drawn on it to each group.
- *Read the following:* A very good friend has recently arrived in your area to work in the fields harvesting tomatoes. The temperature in your area is known to exceed 110 degrees during the tomato harvesting season. Your friend is new to the United States and has never worked in the fields or in very hot weather. As a group, you will have five minutes to prepare your friend for working in intense heat. Use your marker to draw and/or write items that will help them prevent heat stress.

→ Step 4: Discuss the group work

Reconvene the group. Ask each group to present their image. Then discuss how they prepared their friend for working in hot weather.



→ Step 5: Answer questions

Answer any questions participants may have and reinforce prevention tips. Emphasize that in cases of heat stress, they be sure to mention to the doctor that the condition is work-related.

Suggested Evaluation Technique: Consider the “Stand-up, Sit-down” tool (see Quick & Easy Health Education Tools) with statements relevant to heat stress facts and prevention tips.

Possible statements include:

- I know why heat stress occurs.
- I can mention three symptoms of heat stress.
- I know what I should do when someone starts to experience heat stress.
- I can mention three methods for protecting myself from the sun.





Heat Safety Cards

Health Education Recipe



Acknowledgement: This recipe and the attached card were adapted from Howard Rosenberg, a Cooperative Extension Specialist in Agricultural Labor Management, Department of Agricultural and Resource Economics, University of California at Berkeley.

Goal: To prevent heat stress among farmworkers.

Learning Objective: At least 80% of the participants will be able to: 1) identify two symptoms of heat stress; and, 2) understand how to prevent it.

Time: 30 minutes

Materials: Bilingual heat safety cards

Target Audience: Farmworkers of all ages, with some literacy skills.

Audience Size: Small or large group

Steps:

→ Step 1: Introduce the topic

Introduce the topic of heat stress by reviewing the definition on the Heat Stress Information Sheet. Mention that heat can be a source of injury.

→ Step 2: Facilitate an open discussion

Learn about farmworkers' experiences with heat stress. Ask the group such questions as the following:

- What do you do when your body heats up while working in the fields?
- Have you ever experienced a difficult situation due to heat stress? What happened? How did you address it? If a medical provider was involved, did you mention that the condition was work related?
- Why do you think heat stress is dangerous to farmworkers?

→ Step 3: Distribute heat safety cards and discuss the four sections

Distribute the heat safety cards, highlighting points from each of the four sections:

- 1) Heat Can Harm You
- 2) Reducing Heat Build-Up
- 3) Sweating Releases Heat
- 4) Responding to Symptoms

Invite farmworkers to comment on the different sections; if you know the group well and are sure of their ability to read, ask volunteers to read short segments.

If you have a large group, consider this alternative: Split the group into four small teams using a tool from "Dividing Groups into Teams/Pairs," Quick & Easy Health Education Tools section). Then assign each small team one of the four panels from the health safety cards. Have



everyone review and discuss the content for a few minutes. Explain that each group is to present 2-3 key points from their panel to the rest of the group. When it is time to present to the large group, encourage participants to share an example of how some of these heat-related situations can occur in real life.

→ Step 4: Answer questions

Answer any questions participants may have and reinforce prevention tips. Invite participants to comment on how these points relate to their daily lives.

→ Step 5: Conclude the activity

Thank participants for their time and participation.

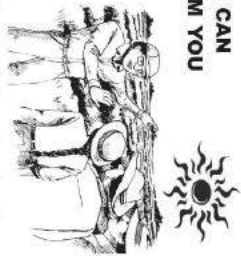
Suggested Evaluation Technique: Consider the “Spin the Bottle” tool (see Quick & Easy Health Education Tools section) with questions relevant to heat stress facts and prevention tips. Possible statements include:

- True or False: The faster you work, the quicker you produce body heat. [TRUE]
- True or False: Heat stress is immediately noticeable. [FALSE]
- I can mention three methods for protecting myself from the sun.
- What can you do if you or a fellow co-worker is suffering from heat stress?



Handout: Heat Safety Cards

HEAT CAN HARM YOU



When working, your body produces heat that can make you uncomfortable and unsafe. You normally release heat, fastest by sweating, but sometimes not enough. Keeping extra heat inside and losing water as sweat are both dangerous.

- The harder you work, the faster you build body heat.
- Releasing heat is slower when the air is hot, humid, or still.
- Heat stress often affects people before they notice it.

REDUCING HEAT BUILD-UP

You can lessen heat stress by cutting the amount of heat you create yourself or absorb from the sun and other sources.

- Resting or working slower allows your body to release heat while not making much more.
- Taking breaks and working in the shade, if possible, keeps sun rays from making you even hotter.
- Blocking rays with a hat, clothing, or other cover also reduces the heat you absorb.



Produced by California agricultural associations and the UC Division of Agriculture and Natural Resources, with support from the USDA Western Center for Risk Management Education.

SWEATING RELEASES HEAT

You get rid of heat fast by sweating. Sweat uses water from the bloodstream, which not only helps cooling but also carries vital nutrients and oxygen through your body. Drinking is important to maintain a safe fluid level.

- You may need to drink one quart or more per hour to replace sweat lost when working hard on a hot day.
- Taking small amounts of fluid frequently is better than larger drinks less often.
- Bodies adjust to work in hot weather by sweating faster after a few days, so take it slowly while you "acclimatize."
- Drinks with alcohol and caffeine do not help control heat because they cause water loss without sweating.



RESPONDING TO SYMPTOMS

Early signs of too much heat or too little blood include loss of strength, stamina, and concentration. They may advance to cramps, nausea, headache, fainting, and even stroke -- a medical emergency.

- Symptoms get worse if their cause remains, and heat stroke puts life at risk.
- If you feel signs of "heat illness" or notice them in someone else, please help in cooling and notify your supervisor or get other assistance.
- Your good judgment and our company plan can keep heat stress from hurting everyone here.



EL CALOR PUEDE HACERLE DAÑO



Al trabajar, el cuerpo produce calor, haciendo que usted se sienta incómodo e inseguro. Normalmente, el cuerpo se deshace rápidamente del calor al sudar, pero a veces, no pierde suficiente calor. Es peligroso cuando el cuerpo retiene calor y pierde agua al sudar.

- Entre más rápido trabaje, más se acumula el cuerpo.
- El cuerpo pierde calor más lentamente cuando hace calor, hay humedad o no hay viento.
- El estrés por el calor a menudo afecta a las personas antes de que se den cuenta.

REDUZCA LA ACUMULACIÓN DE CALOR

Usted puede disminuir el estrés por el calor al reducir la cantidad de calor que usted produce o absorbe del sol o de otras fuentes.

- Descansar o trabajar más lento permite que el cuerpo se deshaga del calor, sin producir mucho más.
- Tomar descansos y trabajar en la sombra, si puede, evita que los rayos solares lo calienten más.
- Protégase con un sombrero, ropa u otra protección también reduce el calor que su cuerpo absorbe.



Producido por asociaciones agrícolas de California y la Universidad de California-DANR, con la ayuda del Centro Occidental de Educación sobre el Manejo de Riesgos del USDA.

SUDAR SACA EL CALOR DEL CUERPO

El cuerpo se deshace rápidamente del calor sudando. El sudor usa agua de la sangre no sólo para ayudar a enfriar, sino también para llevar nutrientes vitales y oxígeno a todo el cuerpo. Es importante beber líquidos para mantener un nivel adecuado de fluidos.

- Cuando trabaja mucho en un día caluroso, quizás necesite beber un cuarto de galón o más por hora para reemplazar el sudor perdido.
- Es mejor beber pequeñas cantidades a menudo que beber bastante líquido con menos frecuencia.
- El cuerpo se acostumbra a trabajar en climas calurosos sudando más rápidamente después de unos días; así, que trabaje con calma mientras su cuerpo se acostumbra al calor.
- Las bebidas que contienen cafeína o alcohol no ayudan a controlar el calor porque hacen que usted pierda agua, sin sudar.



QUÉ HACER CUANDO HAY SÍNTOMAS

Las primeras señales de exceso de calor incluyen: pérdida de fuerza, energía y concentración. Luego, los síntomas pueden llegar a ser: calambres, náuseas, dolor de cabeza, desmayo y hasta un derrame cerebral (embolia) — una emergencia médica.

- Los síntomas empeoran si la situación no cambia, la insolación pone la vida en peligro.
- Si usted o alguien más tiene indicaciones de estrés por el calor, trate de refrescarse o enfriar a la persona, informe a su supervisor o consiga ayuda.
- Su sentido común y el plan de nuestra compañía pueden ayudar a prevenir que alguien resulte afectado por el estrés por el calor.



DIABETES & OBESITY

Information Sheet



Unlike other sections, with one Information Sheet only, this section includes one on the topic of diabetes and another on obesity. These topics relate to each other and as such, the Health Education Recipes included in this section address them both.



DIABETES

Description

When healthy, the body breaks down sugar during the digestion process and produces a “fuel” for the cells in the body called glucose. The pancreas, a vital organ, makes a hormone called insulin, which functions like a key to “unlock cell doors” and allow glucose to enter the cells throughout the body. When someone has diabetes, insulin does not function properly and blood sugar levels can become dangerously high because glucose is not properly entering the cells of the body. Over time, these high glucose levels can lead to heart disease, kidney damage, amputations, tooth decay, nerve damage, and blindness.⁸

Risks to Farmworkers

Most farmworkers in the United States are largely of Latino descent, putting them at higher risk for diabetes than the general population. In addition, migrant and seasonal farmworkers are a historically disadvantaged population, lacking access to health insurance as well as confronting other barriers in the U.S. health system like language and cultural differences, lack of knowledge about how to obtain services, the presumed high cost of care, and sometimes fear resulting from their documentation status. Due to these realities, it is common for many farmworkers to be very hesitant to seek health care for preventative diabetes services (especially during work hours, for fear of losing their jobs). Diabetes has few noticeable symptoms at first, but managing the disease becomes more difficult over time if left untreated. More and more outreach workers have begun providing farmworkers with diabetes health screenings. This has proven to be a very important step in both preventing and managing this disease.

Background Information

The two most common types of diabetes are type-1 diabetes and type-2 diabetes. Of these conditions, type-2 diabetes is much more common, accounting for approximately 90-95% of all diabetes cases in the United States. It's important to understand the risks, as well as prevention steps for diabetes. Although it is a very serious disease, people with diabetes are able to live long, healthy, and productive lives.⁹

⁸ American Diabetes Association, Retrieved February 28, 2008, from:
<http://www.diabetes.org/about-diabetes.jsp>

⁹ WebMD, Diabetes Health Center, Retrieved February 28, 2008, from:



Primary Health Risks for Type-2 Diabetes Include:

- Obesity and overweight (excess weight)
- Race and ethnicity
- Unhealthy eating habits
- Smoking tobacco
- Physical inactivity and sedentary lifestyle
- Increasing age
- High glucose levels (pre-diabetes)
- Family history of diabetes and genetics
- High blood pressure and high cholesterol
- Previous history of gestational diabetes
- Sleep apnea
- Inadequate sleep on a regular basis

Diabetes Prevention Tips:

- Eat a healthy diet! This means eating more fruits and vegetables, whole grains, reduced-fat dairy products, fish and lean cuts of meat. This also means drinking more water.
- Reduce or eliminate the amount of sugar and processed foods consumed. Eat fruit for dessert and only have sweets on special occasions.
- Limit the amount of food you put on your plate at meal times. Exercise portion control. Don't go back for seconds.
- Increase your level of physical activity and exercise. If possible, exercise for at least 30 minutes a day. For example, take a brisk walk.
- Incorporate smaller activities into your daily life that promote physical activity, such as walking instead of driving, using the stairs instead of the elevator or escalator.
- Quit smoking cigarettes. This will help prevent diabetes as well as a host of other serious health complications such as heart disease and lung cancer.
- Discover techniques to reduce stress and promote relaxation, such as deep breathing, listening to music, or leisurely walks.¹⁰

Corresponding Health Education Recipes

- Healthy Portions
- Lower the Trans Fat!
- Physical Activity Paper Ball Game

<http://diabetes.webmd.com/diabetes>

¹⁰ American Diabetes Association, Retrieved February 28, from:

<http://www.diabetes.org/diabetes-prevention.jsp>



Glossary of Terms

- *Glucose* - Sugar in the blood that fuels the body with energy. When glucose levels become too high, the risk of diabetes increases.
- *Insulin* – The hormone produced by the pancreas. It naturally helps glucose enter into the body's cells.
- *Type-1 Diabetes* – This form of diabetes occurs when the body does not produce insulin; persons with type-1 diabetes require external insulin. According to the American Diabetes Association, about 5-10% of the patients diagnosed with diabetes in the United States have type-1 diabetes.
- *Type-2 Diabetes* – This is the most common form of diabetes, affecting between 90-95% of Americans diagnosed with diabetes. This diabetes occurs when the body does not make enough insulin and has trouble using the insulin it does make. Ethnic groups such as Latinos, African-Americans, and Pacific Islanders have a higher risk of developing type-2 diabetes.¹¹

Resources

- Centers for Disease Control and Prevention, “The Power to Prevent and Control Diabetes is in Our Hands,”
<http://www.cdc.gov/diabetes/>
This site contains all the general information about diabetes, and is administered by the National Center for Chronic Disease Prevention and Health Promotion.
- American Diabetes Association,
<http://www.diabetes.org>
This site provides a wealth of information about all types of diabetes, including prevention strategies, nutrition and healthy recipes, exercise regimes, support networks, and more. The site also has specific web pages with Spanish-language content.
- National Institute of Diabetes and Digestive and Kidney Disease of the National Institute of Health: National Diabetes Information Clearinghouse (NDIC),
<http://diabetes.niddk.nih.gov/>
Maintained by the U.S. Department of Health and Human Services, this site includes information on national campaigns to lower diabetes rates, as well as a section of Spanish-language educational material.

¹¹ American Diabetes Association, retrieved February 28, 2008, from: <http://www.diabetes.org/about-diabetes.jsp>





OBESITY

Description

Information Sheet



Obesity is the result of having too much body fat. Some people may have genes that make them more susceptible to becoming obese, while others simply eat more calories than they burn off; alternatively, it may be a combination of both genetics and behavior choices. Having excess weight can lead to severe health issues, such as heart disease, high blood pressure, type-2 diabetes, stroke, hypertension, and more. It is recommended to gradually alter eating habits and make time for cardiovascular exercise in order to reach a healthy weight that is right for body height.

Risks to Farmworkers

Farmworkers are susceptible to obesity due to cultural and economic factors, such as diet and low wages. Farmworkers may not have much “free time” needed to plan and prepare healthy meals, let alone carve out the 30 minutes needed each day for cardiovascular exercise in a stress-free, non-work setting. Additionally, many farmworkers experience food insecurity and must opt for less expensive foods, such as fast food and overly processed foods, which tend to be higher in unhealthy fats. However, it is important to emphasize to farmworkers that they have options and can make healthy choices about their level of activity and what foods they put into their bodies, which can ultimately affect their long-term health and wellbeing.

Background Information

Understanding Obesity

- According to data from the National Health and Nutrition Examination Survey (NHANES) 2001-2004, about one third of all Americans are obese.¹²
- Approximately 127 million adults in the U.S. are overweight, 60 million are obese, and 9 million are severely obese.¹³
- Obesity occurs when someone repeatedly takes in more calories than they are able to burn off. Body weight will continue to increase if some habits are not changed.
- There is no quick remedy for obesity; to lose weight in a healthy way will require time and effort.

Obesity Risks Include:

- Premature death
- Heart disease, including heart attacks and congestive heart failure
- Type-2 diabetes
- Cancer (colon, prostate, gall bladder, kidney)
- Arthritis

¹² NIDDK, Statistics related to Obesity and Overweight, Retrieved February 28, 2008, from: <http://www.niddk.nih.gov/health/nutrit/pubs/statobes.htm>

¹³ American Obesity Association, Retrieved February 28, 2008, from: http://obesity1.temppomainname.com/subs/fastfacts/obesity_US.shtml



- Low self-esteem and depression¹⁴

Obesity Prevention Tips

- Reduce the fats in your diet; eliminate trans fats
- Eat at least five to nine servings of fruit and vegetables per day (a serving size is the size of your fist)
- Exercise at least 30 minutes per day (run, walk, bike, swim, lift weights, etc.)
- Eat appropriate portion sizes
- Consume reduced-fat dairy products
- Avoid “fast food” and junk food
- Add whole grains, beans, fish, and lean cuts of meat to your diet
- Focus on modeling healthy eating habits with your children
- Decrease the amount of sedentary activities that either you or your children do (i.e. watching television, playing video games, sitting in front of the computer, etc.)
- Do not eat in front of the television; it is too easy to overeat by not paying attention to what you’re eating and how full you’re feeling.¹⁵

For additional information on appropriate food serving requirements for adults, please see handout titled “Appropriate Food Servings for Adults,” included in the Healthy Portions recipe.

Corresponding Health Education Recipes

- Healthy Portions
- Lower the Trans Fat!
- Physical Activity Paper Ball Game

Glossary of Terms

- *Body Mass Index (BMI)* – This is a number calculated from a person’s weight and height. BMI is a reliable indicator of body fat percentage in people.
- *Calorie* – This is a unit of energy usually associated with food. The more calories you consume the more energy you’ll have to use to burn those calories. If someone takes in more calories than they use, then their weight will increase.
- *Food insecurity* – Exists when people are undernourished as a result of the physical unavailability of food, their lack of social or economic access to adequate food, and/or inadequate food utilization.¹⁶
- *Overweight* – Means that a person has more body fat than is generally considered healthy for a given height. Based on medical definitions, an adult who has a BMI between 25 and

¹⁴ American Obesity Association, Retrieved February 28, 2008, from:
http://obesity1.temppdomainname.com/subs/fastfacts/Health_Effects.shtml

¹⁵ Center for Disease Control and Prevention, Retrieved February 28, from:
<http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/obesity.htm>

¹⁶ The Food Research and Action Center, Retrieved February 29, 2008, from:
http://www.frac.org/html/hunger_in_the_us/hunger_index.html



29.9 is considered overweight. A person who has approximately 20 pounds of excess weight is considered overweight.¹⁷

- *Obesity* – Means that a person has more body fat than is generally considered healthy for a given height. Based on medical definitions, an adult who has a BMI of 30 or higher is considered obese. A person who has approximately 30 pounds or more of excess weight is considered obese.¹⁸
- *Trans fat* – Also known as partially-hydrogenated oils, have been found to increase the risk of coronary heart disease by raising levels of “bad” cholesterol (LDL) and decreasing levels of “good” cholesterol (HDL). Trans fats are commonly found in fried food, fast food, and other processed or junk food.

Resources

- World Health Organization: Obesity and Overweight
<http://www.who.int/dietphysicalactivity/publications/fact/obesity/en/>
This site contains information as part of WHO’s Global Strategy on Diet, Physical Activity and Health. It is a great resource for learning about why the obesity epidemic is on the rise and proven methods for combating it.
- American Obesity Association
<http://obesity1.tempdomainname.com>
This site provides a synopsis of the AOA, an organization “formed to address obesity as a public health concern and to remove the barriers to effective treatment through vigorous advocacy and education.”
- Obesity in America, “The Obesity Crisis: What is it All About?”
<http://www.obesityinamerica.org/>
This site is provided as a service from The Endocrine Society and The Hormone Foundation. It includes a comprehensive guide to updated facts, causes, research, and success stories.
- Fit Kids Club
http://www.fit-kids-club.com/childhood_obesity_facts.html
This site focuses on obesity in children and teenagers. It is an excellent resource for parents and teachers to learn about exercise tips, educational games, proper nutrition, and more in order to raise healthy children.

Food Security Resources

- America’s Second Harvest Food Bank
<http://www.secondharvest.org/>
The Nation’s Food Bank Network is the nation’s largest charitable hunger-relief organization; it has a network of more than 200 member food banks and food-rescue

¹⁷ American Diabetes Association, Retrieved February 28, 2008, from: <http://www.diabetes.org/about-diabetes.jsp>

¹⁸ American Diabetes Association, Retrieved February 28, 2008, from: <http://www.diabetes.org/about-diabetes.jsp>



organizations that serve all 50 states, the District of Columbia, and Puerto Rico. This website contains a directory for locating food banks in all 50 states and provides up-to-date hunger statistics, as well as information on donations and volunteer opportunities at local food bank chapters.

- **Food Stamp Program**

<http://www.fns.usda.gov/fsp/>

The Food Stamp Program helps low-income people and families buy the food they need for good health. This website provides: information regarding eligibility requirements, information on how to apply for the program, a hotline, and other pertinent information.

- **The Women, Infants, and Children's Program (WIC)**

<http://www.fns.usda.gov/wic/>

WIC provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. This website provides information regarding how to apply for the program, State WIC agencies, nutrition education resources, information on breastfeeding promotion, and other pertinent information.





Healthy Portions

Health Education Recipe



Acknowledgement: Jacqueline Thompson, M.S., R.D., C.D.E, of the *Diabetes Health Center* in Watsonville, California and *Healthy Advantage* in Marina, California.

Goal: To improve diabetes prevention and management in the farmworker population.

Learning Objective: By the end of this activity, 70% of participants will increase their understanding of the concept of portion control during mealtimes.

Time: 30 minutes

Materials: A piece of large flip chart paper with a drawing of a dinner plate. The dinner plate should have drawings of non-starchy vegetables on $\frac{1}{2}$ the plate, and lean protein on $\frac{1}{4}$ of the plate; the last $\frac{1}{4}$ of the plate should consist of one of the following: whole grains, fruit, or starchy vegetables.

Other materials include: *Appropriate Food Servings for Adults* handout (included at the end of this recipe); blank paper; colored pencils/crayons/markers; pictures of various non-starchy and starchy vegetables, lean proteins, whole grain carbohydrates, and fruit (from magazines, newspapers, photos, etc).

Target Audience: Adult farmworkers

Audience Size: Up to 8 farmworkers

Steps:

→ Step 1: Introduction

Inform participants that they will learn about the benefits of healthy portion sizes during mealtimes and how to make balanced meals.

→ Step 2: Discussion

Ask the participants to pair up with someone and discuss a time when they put a lot of food on their plate (i.e. at a special gathering, a party, a buffet-style restaurant, etc.). After a couple of minutes, regroup and ask participants if they would like to share with the larger group.

Explain that a lot of us don't pay much attention to serving size (for example, we justify the extra two tacos because we work hard every day). However, these excess calories have a way of harming our health. Eating too much food on a regular basis can lead to excess weight, as well as other health complications such as diabetes, heart disease, high blood pressure, high cholesterol and sleep apnea. If you have diabetes, you need to be extra careful about both the type and amount of food you eat.

During this session, participants will learn an easy method to use in order to promote portion control.



→ Step 3: Introduce the Plate Model for Proper Portion Sizes

Draw attention to your dinner plate illustration on the flip chart paper. Begin by stating that this is an example of a well-balanced, nutritional meal for one adult. Then proceed to highlight each of the items on the dinner plate. Half of every meal should include non-starchy vegetables such as *ensalada de nopal*, *ensalada de jitomate y pepino* or *repollo picadillo*. Then move on to the lean protein, such as skinless chicken breast with *mole*, *camerones al mojo de ajo*, or *huevos con chile*. And finally, talk about the importance of eating healthy whole grains, such as brown rice or whole wheat tortillas. Whole grains can be substituted with starchy vegetables such as corn, potatoes, or yams.

Note: The meal examples can be modified if your audience is comprised of non-Mexican farmworkers. In other words, be aware of audience's culture, and choose culturally-appropriate foods to highlight on the illustrated dinner plate.

Distribute *Appropriate Food Servings for Adults* handout. Explain to participants that while the plate is a good model for determining proper portion sizes, they should also reference this handout to learn about the correct average daily food requirements for an adult.

→ Step 4: Create Your Own Plate Activity

Now it's time for the participants to create their own dinner plate with the materials you've provided. Reinforce the importance of portion control while you distribute paper and colored pencils to everyone.

Allot approximately five minutes for everyone in the group to draw their dinner plate or use picture cutouts to create their dinner plate. Try to foster an open environment where everyone can share their ideas and questions; the possibilities for the illustrated dinner plate are nearly limitless. Should questions arise about culturally-specific foods which may include mixed ingredients (i.e. enchiladas), be prepared to look at individual ingredients within these mixed dishes.

If time permits, have everyone share their illustrations with the group. If you're running short on time, choose one or two of the drawings to share with your participants to reinforce proper portion control during mealtimes.

After everyone has shared their illustrations, provide one last bit of nutrition advice: encourage participants to avoid the excess calories of sugary drinks at mealtime, such as soda, sports drinks or sugary juice-type drinks. Instead, promote water and reduced fat milk as alternative healthy drinks.

→ Step 5: Conclusion

Before concluding the session, encourage the participants once again to be mindful of portion sizes to avoid overeating at mealtimes (as well as snack times). Portion control is an easy technique to understand and master so that people lead a healthy lifestyle. Ask the group if any questions remain before the session is over. If no more questions remain, thank everyone for their time and attention.



Suggested Evaluation Technique: The health outreach worker can implement the Spin the Bottle evaluation tool (pg. 9-9) at the beginning and end of the health education session. The results of the activity can be compared to evaluate whether participants gained knowledge about the lesson topic. Use the following statements for this evaluation activity:

- Eating large amounts of food on a regular basis is good for you.
- $\frac{1}{2}$ of your dinner plate should consist of non-starchy vegetables.
- $\frac{1}{4}$ of your plate should consist of a lean protein.
- $\frac{1}{4}$ of your plate should consist of whole grains or fruit or starchy vegetables.
- Eating large portions can harm your long-term health and lead to excess weight, diabetes, heart disease, high blood pressure, and high cholesterol.



Handout: Appropriate Food Serving Sizes for Adults

Food Group	Amount Per Day	Options for 1 Serving
Breads, Grains, and Cereals	6-8 of the choices listed under “options.”	<ul style="list-style-type: none"> ▪ Bread, tortilla, roll, pancake – 1 ▪ Bagel, English muffin – ½ ▪ Dry Cereal – 1 cup ▪ Noodles, rice, cooked cereal – ½ cup ▪ Crackers - 4
Vegetables	3 cups	<ul style="list-style-type: none"> ▪ Cooked vegetables – ½ cup ▪ Raw vegetables – 1 cup
Fruits	3 cups	<ul style="list-style-type: none"> ▪ Fresh fruit – 1 cup ▪ Canned or frozen fruit – 1 cup ▪ Unsweetened 100% Juice – ¾ cup
Milk Products	3 of the choices listed under “options.”	<ul style="list-style-type: none"> ▪ Milk – 1 cup ▪ Cheese – 1 ½ ounces ▪ Cottage Cheese – 2 cups ▪ Yogurt, pudding or custard made with milk – 1 cups ▪ Frozen yogurt, ice cream – 1 ½ cups
Protein Foods	6 of the choices listed under “options.”	<p>Animal Protein</p> <ul style="list-style-type: none"> ▪ Meat: chicken, turkey, fish – 3 ounces (the size of a deck of cards) ▪ Egg – 1 <p>Vegetable Protein</p> <ul style="list-style-type: none"> ▪ Cooked dried beans, peas, lentils – ¼ cup ▪ Peanut butter – 1 tablespoon ▪ Tofu – ¼ cup
Fats, Oils, and Sweets	Only eat these types of foods once in a while.	

*Information in the chart is courtesy of
the WIC Supplemental Nutrition Program, California Department of Health Services.*





Lower the Trans Fat!

Health Education Recipe



Acknowledgement: *California Women, Infants, and Children's Program*

Goal: To improve diabetes and obesity prevention and management among farmworkers.

Learning Objective: By the end of this recipe, 70% of participants will be aware of at least two negative effects of trans-fatty acids. They will also be able to identify trans fats on food labels.

Time: 25 minutes

Materials: 6 sample food products with food labels (3 should contain hydrogenated or partially-hydrogenated fats), flip chart paper, magazine pictures of foods with hydrogenated or partially-hydrogenated fats (chips, cookies, fried food, donuts, etc.), 12 copies of a food label from a product containing trans fats, and markers.

Target Audience: Adults

Audience Size: Small group (but can be modified for single individuals)

Steps:

→ Step 1: Introduction

After welcoming everyone, start the discussion by saying that although many foods may taste delicious (like cookies or potato chips), many contain high amounts of trans fats (or trans-fatty acids). Tell participants that for the remainder of their time you will talk about the harmful health effects of consuming the trans fats found in many food items. In addition, you will also introduce one technique they can use to identify foods with trans fats.

→ Step 2: Discussion

Ask participants to pair-up and share what they currently know about the dangers of trans fats. Regroup and ask participants to share what they discussed in pairs. After they answer the question, write their responses on flip chart paper.

Inform participants that trans fats result from a process called hydrogenation (a process that adds hydrogen to unsaturated fats to make them more saturated—this tends to increase consistency in baking and extend shelf life). This will be the key word for them to learn during this session. If they see the word “hydrogenation” or “hydrogenated” on a food label, then they will know to avoid eating it because it can lead to coronary heart disease and increase “bad” cholesterol. Write both of these words on the flip chart paper. Share pictures of foods containing trans fats such as: fried foods, cookies, crackers, chips, donuts, instant soups, and cakes. These all contain significant amounts of trans fats because the hydrogenation process is used in making them. Emphasize the dangers of trans fats to participants. Regularly eating these foods can lead to:

- An increased risk of heart disease, high cholesterol, stroke, and diabetes;
- An increased risk of obesity.

→ Step 3: Food Label Activity



1. Distribute one copy of a food label to each participant.
2. Ask participants to look at the label and circle the words “hydrogenated” or “partially hydrogenated” located in the ingredients list.
3. Tell the participants to always look for either of these key words; they indicate the food contains trans fats.
4. Ask participants to pair-up to practice identifying trans fats in food products.
5. Distribute the six food products with food labels.
6. Ask participants to work as a group and scan the food labels, identifying which products contain “hydrogenated” or “partially-hydrogenated” fats and which ones do not.
7. Discuss the three product samples with trans fats. Ask participants to offer healthy alternatives to the bad fat foods.
8. Alert participants that while some foods advertise “0g Trans Fat,” if there is still hydrogenated oil in the food label, there is trans fat in the food (just in a small amount).

Please note: if you have more than 25 minutes with your participants, you may ask them to arrange the products in order from more trans-fat to less trans-fat content based on Nutrition Facts Labels.

→ Step 4: Conclusion

Provide the following solutions to participants:

- Avoid the packaged and processed foods sections of grocery stores;
- Review food labels;
- Limit visits to fast food restaurants;
- Prepare as much fresh, homemade food as possible.

Now that participants have learned how to identify trans fats in foods, they have the ability to choose foods low in trans fats. Or better yet, they can choose not to purchase these products at all. Encourage them to share their newfound knowledge with their family and friends.

Before concluding the activity, ask if anyone has remaining questions. Then, be sure to thank everyone for their time and attention.

Suggested Evaluation Technique: Health educators can use the Stand-Up/Sit-Down evaluation tool (pg. 9-9) before and after the health education session. Tell participants that you will read a few statements. If they agree with the statements, they should stand up. If they do not agree with the statements, they should remain seated. Read the following statements for this evaluation.

- Hydrogenated fats/trans fats are bad for your health. [Answer: True]
- Partially-hydrogenated fats are okay for your health. [Answer: False]
- Many fried foods have hydrogenated fats/trans fats. [Answer: True]
- Reading the food label is important for learning the bad fat content of food products. [Answer: True]





Physical Activity Paper Ball Game

Acknowledgement: *California Women, Infants, and Children's Program*

Goal: To improve diabetes and obesity prevention/management in the farmworker population.

Learning Objective: By the end of this activity, 70% of participants will be able to identify two health benefits of physical activity. In addition, they will be able to identify at least one physical activity that can be incorporated into their daily lives.

Time: 25 minutes

Materials: Flip chart paper, markers, notepads, pencils, a large wicker basket and magazine or newspaper clippings/photos of persons engaging in physical activity and clippings/photos of persons engaging in sedentary activities.

Target Audience: Farmworker adults and children

Audience Size: Small group

Steps:

→ Step 1: Introduction

After introducing yourself, explain that you will discuss the importance of increasing physical activity to the participants. This activity should last approximately 25 minutes.

→ Step 2: Discussion

Ask participants to answer the following question: "Why is it important to exercise every day?" Write each response on the flip chart paper.

Possible answers to this question may include:

- To prevent type-2 diabetes and obesity;
- To lose weight;
- To improve mental health;
- To feel healthier;
- To help prevent high blood pressure;
- To reduce risk of heart disease;
- To lower cholesterol levels;
- To have more energy;
- To increase muscle mass and bone strength.

After compiling all the responses, mention any additional answers that were not shared by participants.

Then reinforce the need for daily physical activity. Adults need at least 30 minutes of physical activity every day to maintain health and well-being. Children require one hour or more of active



play, exercise, or physical activity per day. Reiterate to participants that physical activity helps prevent disease.

→ Step 3: Introduce Basic Precautions

In the event that any of your participants have an ongoing health issue, discuss the importance of consulting with a physician prior to beginning a new exercise program.

Examples of possible health issues include:

- Asthma
- Pregnancy
- Special medications
- Heart conditions (especially if morbidly obese)

→ Step 4: Activity

- Have participants form a large circle (either standing or sitting) with the wicker basket in the center.
- After distributing notepads and pencils to the group, ask them to write or draw something they currently do for physical activity (or at least something they'd like to do). Instruct participants to tear off their piece of paper from the notepad and form it into a ball. One at a time, the participants will toss their crumpled paper balls into the wicker basket. (It's OK if they miss; simply ask them to retrieve the ball of paper and place it in the basket.)
- When all the paper balls are in the basket, ask for a volunteer to help you unfold each piece of paper. Read the answers aloud or interpret the drawings to the group; have participants help read the answers or interpret the drawings.
- After you have reviewed all of the responses, reinforce the message: there are many different ways to incorporate daily physical activity into your life. Emphasize that children learn to incorporate daily physical activity into their lives when they see their parents practicing this behavior.

→ Step 5: Conclusion

After all experiences have been shared, reinforce the examples of physical activity previously discussed. Encourage participants in your group to incorporate at least one of the shared examples into their daily lives. Ask if any questions remain. Finally, thank everyone for their time and participation.

Suggested Evaluation Technique: Facilitate a version of the Picture Game activity (pg. 9-10). Provide each participant with an image of a person engaging in physical activity or a person engaging in sedentary activities. Then encourage participants to mention something they learned during the session related to the image.



STRESS



Description

Information Sheet



Stress is a condition caused by events that upset our mental, emotional, and physical balance. Stress affects one's behavior, body, and mind. While people experience stress in different ways, there are four main classifications of symptoms: cognitive, physical, emotional, and behavioral. Following are a few common examples of the different types of symptoms resulting from stress.

Cognitive Symptoms: <ul style="list-style-type: none">▪ Memory problems▪ Inability to concentrate▪ Trouble thinking clearly▪ Anxious or racing thoughts▪ Constant worrying	Emotional Symptoms: <ul style="list-style-type: none">▪ Moodiness▪ Agitation▪ Short temper▪ Feeling tense▪ Restlessness▪ Sadness
Physical Symptoms: <ul style="list-style-type: none">▪ Headache▪ Backache▪ Nausea▪ Chest Pain▪ Loss of sex drive	Behavioral Symptoms: <ul style="list-style-type: none">▪ Eating more▪ Eating less▪ Isolating yourself from others▪ Nervous habits (nail-biting, pacing)▪ Picking fights with others¹⁹

Risks to Farmworkers

Farmworkers who have migrated to the U.S. from Latin America or other parts of the world experience stress related to the major life changes they have experienced. Oftentimes, farmworkers' stress results from learning how to live in a new society, dealing with a language barrier, the pressures of performing well on the job, living in fear because of their documentation status, being away from their families and home countries, and their economic situation. These are just a few examples of common challenges that can overwhelm farmworkers and make it exceedingly hard to live a balanced and healthy life. It is important for farmworkers to learn positive coping mechanisms to ensure their well-being. If they do not, they may risk their emotional and physical health.

Background Information

The causes of stress are very individualized. Triggers of stress vary from person to person and may depend largely on one's personality, general outlook, life experiences, personal history,

¹⁹ Helpguide.org, retrieved February 28, 2008, from:
www.helpguide.org/mental/stress_management_relief_coping.htm



attitude, etc. It is important to keep in mind that what is stressful to one person may or may not be stressful to another.

Common among people experiencing stress is the body's reaction. When the body begins to feel stress or "threatened" in some way, its defenses go into overdrive. The brain releases a chemical alarm, which triggers the nervous system to respond by releasing stress hormones, including adrenaline. One's heart rate increases and blood flows to larger muscles in the body so one can run faster and/or fight harder. Additionally, one's digestive and reproductive system slow down, and the immune system is weakened. These consistent physiological responses can take a toll on the human body. If healthy coping mechanisms are not practiced and stress is not managed, the body can be in a constant state of stress, which can lead to many health complications.²⁰

Primary Health Effects of Stress:

Recent research studies suggest that 60-90% of illness is stress-related. Chronic stress can lead to or exacerbate:

- Chronic pain
- Migraines
- Ulcers
- Heartburn
- High blood pressure
- Heart disease
- Diabetes
- Asthma
- Obesity
- Infertility
- Auto-immune diseases
- Irritable bowel syndrome

Stress Prevention/Management Tips:

- Adopt a healthy lifestyle (get adequate rest, eat healthfully, limit caffeine, and balance work and family obligations)
- Take one thing at a time
- Set aside relaxation time
- Meditate / pray / breathe
- Exercise
- Share your feelings with trusted friends
- Seek counseling services
- Focus on the positive
- Try not to be a perfectionist
- Listen to music
- Take a long bath or shower
- Write or draw in a journal²¹

²⁰ Helpguide.org, retrieved February 28, 2008, from:
www.helpguide.org/mental/stress_management_relief_coping.htm

²¹ Ibid.



Corresponding Health Education Recipes

- Managing Stress
- Coping with Culture Shock and Displacement

Glossary of Terms

- *Adrenaline* - A hormone released when the body experiences stress.
- *Cognitive* - Relating to conscious intellectual activity, such as thinking, reasoning, or remembering.
- *Coping Mechanisms* - A behavioral tool used to offset or overcome stress. Coping mechanisms can be both positive and negative. An example of a positive coping mechanism is meditation, while an example of a negative coping mechanism is drinking alcohol.
- *Stressors* - The pressures and demands that cause stress. Examples include: a demanding job, a troubled relationship, one's economic status, an ailing parent, etc.

Resources

- Health Initiative of the Americas, [Historias del Ir y Venir](http://www.ucop.edu/hia/mentalhealthdesc.shtml).
<http://www.ucop.edu/hia/mentalhealthdesc.shtml>
This manual provides "promotores/as" (health outreach workers) information about migration and its connection with stress and mental health problems among migrants/immigrants. It is primarily designed for people who work with farmworkers. To order or download the manual visit the Health Initiative of the Americas' website.
- HelpGuide.org, "Stress Management: How to Reduce, Prevent and Cope with Stress"
http://www.helpguide.org/mental/stress_management_relief_coping.htm
This guide provides an overview of stress and information on coping mechanisms.
- WebMD's Stress Management Health Center
<http://www.webmd.com/balance/stress-management/stress-management-topic-overview>
This resource provides an overview, health tools, and information on managing and coping with stress.
- "Jornadas de Valor y Esperanza"
This resource is a DVD training module developed by the Migrant and Seasonal Head Start program (MSHS). It includes interviews with migrant families who share their stories of migration. It can be used as a tool to teach storytelling as a strategy for addressing mental health concerns among the migrant population. For more information regarding this resource, please contact:

Helen Visarraga, Project Director, hvisarraga@aed.org
Migrant and Seasonal Health Start Technical Assistance Center (Washington, DC)
T/A Project - TAC-12
Academy for Educational Development





Managing Stress

Acknowledgement: *Material adapted from Teresa Andrews, Promotores Development Specialist, Rural Community Assistance Corporation.*

Goal: Improve the mental health of farmworkers.

Learning Objective: By the end of this health education session, 70% of farmworkers attending the session will learn the definition of stress; they will also be able to identify at least three positive mechanisms for coping with stress.

Time: 25 minutes

Materials: None

Target Audience: Farmworker adults and youth

Audience Size: 5 to 8 people

Steps:

→ Step 1: Introduce the topic

Inform participants that today's topic is stress. But before you begin the discussion, ask them to participate in a brief activity.

→ Step 2: Lead a relaxation activity

1. Ask participants to stand in a circle.
2. Once in a circle, ask participants to take a few deep breaths. Then have everyone slowly and relaxingly roll their necks. Once they've completed a neck roll, ask them to reverse the direction. Then ask participants to stretch their arms high in the air for five seconds. Everyone will then bend over at the waist and hang loose for a few seconds, releasing their arms and relaxing. Have them relax in that position for a few seconds. Then ask them to stand normally again.
3. Ask participants to stretch their arms out in front of them and make tight fists. Ask participants to tighten their arms, gradually tightening every muscle through the arm and shoulder. Then ask them to relax.

→ Step 3: Facilitate a discussion

Have participants reflect about how it felt to have a tense arm and fist. Encourage everyone to share their responses.

Inform the group that the activity was intended to demonstrate what can happen during a stressful situation: we, as humans, tighten up. We become intense, perhaps our hearts race, we start sweating, etc.



Inform the participants that stress is very much like that tightened arm and fist. Stress is a very normal feeling that most people experience at some point. Stress can cause strong emotions and sometimes physical tension or tightness in our bodies because of a variety of factors.

Ask participants to name factors that trigger their individual stress. Then share the following list of factors that could potentially cause/trigger stress for a person:

- Adapting to life in a new country;
- Ailing family members or relatives;
- Financial difficulties;
- Learning a new language;
- Marital problems;
- Problems with close relations (friends, family, relatives, etc)
- Starting a new job;
- The political climate surrounding immigration and documentation status.

Explain that stress challenges us and can cause both physical and emotional symptoms, such as: stomach ache, headache, muscular tension, anger, sadness, and irritability. Stress can also be a huge contributor to mental health problems like depression and anxiety.

→ Step 4: Introduce Coping Mechanisms

1. Define coping mechanisms or ask participants to define the phrase. Make sure everyone understands that these are things we do in order to handle difficult situations or emotions.
2. Tell participants that people use coping mechanisms to deal with life's stresses. There are positive and negative coping mechanisms.
3. Highlight negative coping mechanisms: drinking, violence, aggression, smoking, drugs, etc. These negative coping mechanisms should be avoided; they resolve nothing, and in most cases, create additional stresses and unhealthy dependencies.
4. Now highlight positive coping mechanisms: communication with friends, loved ones and/or a counselor, exercise, listening to music, prayer, meditation, laughter, etc. You want to emphasize these positive coping mechanisms to the participants. When used properly, these positive coping mechanisms can help reduce and/or eliminate stress altogether.

Note: If you have extra time, brainstorm with participants about negative and positive coping mechanisms, before mentioning the examples listed above. Make sure that participants understand the distinction between the two types.

→ Step 5: Conclude the activity

There are a variety of positive coping mechanisms; however, someone must acknowledge that they feel stressed, accept these feelings, and then decide how to positively cope with these feelings. Thank participants for their time and participation.



Suggested Evaluation Technique: Implement the *Stand-Up/Sit-Down* tool (in the Quick & Easy Health Education Tools section) to evaluate participants' understanding of positive coping mechanisms. Tell participants that you will read a list of both positive and negative coping mechanisms; ask participants to stand every time you mention a coping mechanism that is positive. Ask participants to remain seated when a negative coping mechanism is mentioned.





Coping with Culture Shock and Displacement

Acknowledgement: Teresa Andrews, Promotores Development Specialist, Rural Community Assistance Corporation.

Goal: Improve the mental health of farmworkers.

Learning Objective: By the end of the session, 70% farmworkers attending the session will reflect on their experiences as immigrants and openly share their feelings of culture shock and stress caused by life in their new country. Participants will learn at least one strategy for how to cope with the stress caused by the “newcomer” experience.

Time: 45 minutes

Materials: CD or tape with *tambora*, *fiesta del pueblo*, or *banda* style music.

Target Audience: Mexican immigrant farmworker adults.

Please note: This recipe is intended for Mexican immigrant farmworkers, but could be adapted for other immigrant farmworker communities.

Audience Size: 8-12 people

Steps:

→ Step 1: Introduce the topic

Explain to participants that they will discuss how to increase awareness about the effects/impacts migration has on the mental health of individual farmworkers and farmworker families. After the introduction, you will lead them in a short activity.

→ Step 2: Participants share memories of life in their country of origin

1. Ask participants to take a few deep breaths. Encourage them to relax a little more after each exhalation.
2. At this point, the health education facilitator will play music.
3. While the music plays in the background, ask participants to think about a fond memory of life in Mexico. Ask participants to think about specific details regarding the memory. Who is included in this memory? What do they remember about the sounds, sights, and smells of the specific memory? What makes this memory stand out for them?
4. Ask participants to pair up and share their memory with another person.
5. Then, ask for volunteers to share their memories with the larger group.
6. Ask participants to share how it felt to reflect on their lives they left behind in Mexico. Was the exercise difficult to do? Did it make them sad, happy, or angry?

Note: the exercise could potentially evoke strong emotions. Be prepared for some participants to experience intense feelings.

→ Step 3: Discuss culture shock and displacement



Tell participants that many immigrants leave their countries of origin out of necessity and do not think about how experiencing cultural differences will impact their lives until they arrive in the new country.

Use the example of a fish to illustrate your point: if you remove a fish from a lake, hold it in the air for a while, and then place the fish in a tank or another body of water, the fish will live; however, the shock experienced by the fish is tremendous. The same thing can be said about immigrants: they leave their environment (their lake) and everything they know and are accustomed to (families, traditions, foods, social life, etc). In a new country, they have to contend with a new reality (new customs, new language, new traditions, new job, etc).

Many immigrants don't know what to call the shock or intense feelings they experience when adjusting to their "new" lives. It's only natural for immigrants to miss numerous aspects of their homes. Immigrants can often feel a variety of intense emotions caused by severe stress from being away from their homes, such as sadness, anxiety, hopelessness, and anger.

Let the participants know that these feelings are natural and okay, considering the shock and displacement that immigrants can experience. The key is to find positive methods and techniques for dealing with these types of feelings.

→ Step 4: Introduce Tips for Coping with Stress Caused by Culture Shock

1. Tell participants that many ways exist for them to relieve the stress caused by culture shock and displacement. Introduce the following strategies:
 - Speak with a counselor; *if possible, provide the name of a health center or mental health practitioner who can provide counseling services;*
 - Try to develop stronger relations with acquaintances who have gone through similar migration experiences. Share your personal experience with them;
 - Provide support to newcomers who experience similar stresses resulting from culture shock and displacement;
 - Remain in touch with family back home via mail, email, and phone;
 - Continue practicing the traditions that make you feel connected to your home country (listen to music, cook traditional foods, recognize holidays, honor religious practices, dance, play sports, connect with a local Catholic parish, etc);
 - Decorate your living space with pictures and symbols that remind you of your home country, family, and loved ones.
2. Ask participants if they have used one or more of these strategies. How did they feel about the strategy they used?
3. Ask participants if they have additional ideas and/or suggestions for how to deal with stress caused by culture shock or displacement.

→ Step 5: Conclusion

Conclude the session by reiterating that feelings of culture shock are common and natural. The immigrant experience can influence a person's mental health and cause intense emotions. Encourage participants to adopt one or more of the coping mechanisms discussed for managing these emotions (see Step 4 for specific examples).



Suggested Evaluation Technique: Observe participant involvement in this activity. Upon completing the activity, consider the following questions:

- Overall, did participants feel safe or comfortable sharing their memories in either Step 2 or Step 4?
- What would you recommend to another health educator facilitating this activity?



SEXUALLY-TRANSMITTED INFECTIONS



Description

Information Sheet



Sexually transmitted infections (STIs), or sexually-transmitted diseases (STDs), are infections passed from one person to another during sex. Any type of sex can cause an STI. It can be penis to vagina sex, or penis to anus sex, or oral sex (mouth to penis, mouth to vagina). Sometimes STIs can happen from rubbing an infected penis or vagina against another person's genitals. In some cases STIs can also be passed from a pregnant woman to her baby before it is born, or during childbirth. STIs pass from one person to another through bodily fluids like vaginal fluid, semen, and blood. A person can have an STI and may or may not show symptoms.

If STIs are not treated, they can cause:

- infertility in men and women;
- babies born too early, too small, blind, sick, or dead;
- pregnancy in the fallopian tube (outside the womb);
- death from severe infection;
- ongoing pain in the lower abdomen;
- cancer of the cervix.²²

NOTE: For the purposes of this chapter, the terms STIs and STDs are interchangeable; we use the acronym STI here, but recognize it may be clearer to use sexually-transmitted diseases (or STDs) among audiences you work with. Please choose the acronym that will be the most clear for your audience.

Risks to Farmworkers

There is very little information about the exact numbers of migrant and seasonal farmworkers affected by STIs. HOP's *2005-2006 National Needs Assessment of Farmworker-Serving Health Organizations* found that participating migrant/community health centers ranked STIs among their top ten most common health issues facing farmworker patients. Additionally, it ranked among the top ten health topics of greatest interest to farmworkers (as reported by health center staff). This issue is critical not merely for the individual farmworkers but for their partners who may not reside in the United States. Health education is a key way to foster respect for the topic of STIs while equipping farmworkers with the information to make educated choices about their health and well-being.

Background Information

How To Know If a Person is at Risk for an STI

Even if you do not have any signs, you may be at risk (or more likely to have or get an STI) if:

²² Where Women Have No Doctor by A. August Burns *et. al.* Hesperian Foundation, 1997 www.hesperian.org.



- Your partner has STI symptoms. He/she has probably passed the STI to you, even if you have no symptoms.
- You have more than one sexual partner. The more sexual partners a person has, the greater the chance one of them has passed on an STI.
- You have had a new sexual partner in the last three months. The new partner may have had another partner just before you who had an STI.
- You think your partner might have other partners (if so, he or she is more likely to become infected with an STI and infect you).²³

Common Symptoms of STIs		
A person can have an STI, and may or may not have symptoms. When symptoms are evident possibilities include:		
<i>Men & Women</i>	<i>Women Only</i>	<i>Men Only</i>
<ul style="list-style-type: none"> ▪ Blisters, ulcers or warts near the genitals, anus, or mouth ▪ A burning sensation when urinating or moving bowels ▪ The need to urinate frequently ▪ An irritation or burning sensation around the genitals ▪ Red or inflamed throat ▪ Flu symptoms, with fever, chills, and general body pain ▪ Inflammation around the genitals 	<ul style="list-style-type: none"> ▪ Unusual smelling discharge ▪ Pain in the pelvic area ▪ Burning sensation in the vaginal area ▪ Abnormal blood flow with menstrual cycle ▪ Pain during sex 	<ul style="list-style-type: none"> ▪ Discharge from the penis²⁴

What are some Common STIs

Gonorrhea, Chlamydia, HIV/AIDS, Genital Warts, Herpes, Syphilis, Vaginitis, HPV

What to Do if You Have Symptoms of an STI

1. Visit a health center immediately.
2. Get tested.
3. Get treated, if necessary
4. Make sure your partner gets tested and treated too. Inform previous sexual partners.
5. Stop having sex or use condoms during sex until your signs have gone away AND you and your partner have finished all the medicine.
6. Visit a health worker if you do not feel better after the treatment is completed.

How to Avoid STIs

- Use condoms every time you have sex.
- Do not have sex if your partner has signs of an STI.
- Urinate after sex.
- You and your partner can have oral sex (with a condom) or other sexual touching instead of intercourse.²⁵

²³ Where Women Have No Doctor by A. August Burns *et. al.* Hesperian Foundation, 1997, www.hesperian.org.

²⁴ Curriculum for Outreach Centered Health Education, Health Outreach Partners, 2000.

²⁵ Where Women Have No Doctor, Hesperian Foundation



How To Use a Male Condom

Treat condoms gently and keep them out of the sun. With latex condoms, never use lotions, baby oil, Vaseline®, or cold cream -- the oil in these products weakens the condom. If you use a lubricant, use one made with water (such as K-Y® jelly or glycerin). Regular use of spermicidal lubricants should be avoided as they may cause skin irritation. Put the condom on before the penis touches the vagina, mouth, or anus.

Hold the condom by the tip to squeeze out the air. Leave some space at the tip to hold the ejaculate (cum). Unroll the condom all the way over the erect penis. After sex, the man should hold the condom at the rim and pull out slowly while the penis is still hard.

Use a new condom if you want to have sex again or if you want to have sex in a different place (for example, first in the anus and then in the vagina).

For a simple animated version visit the American Social Health Association website:

http://www.ashastd.org/condom_use.cfm

How To Discuss Sensitive Topics

STIs are a sensitive topic of discussion for many adults. Despite this, like any health education topic, participants have a right to accurate information and to ask questions; STIs are no different. Health educators have a responsibility to communicate this information with respect, both for the material at hand and the individual participants. Be mindful of group dynamics and be cautious about discussing details among mixed-gender groups. Be aware if children are present as content may not be appropriate for them. These factors should be assessed before presenting. Also, know that prostitution may be practiced in or near farmworker camps. Lastly, it is helpful to assume that at least one participant in your session already has an STI; make sure that your health education messages do not increase shame about a topic sometimes stigmatized by our society.

Corresponding Health Education Recipes

- Fruity Fun!
- Signature Hunt

Glossary of Terms

- *AIDS (Acquired Immune Deficiency Syndrome)* - A disease caused by the HIV virus usually passed through sex. A person has AIDS (rather than just being infected with HIV) when the immune system becomes so weak it can no longer fight off common infections and illnesses.
- *Chlamydia & Gonorrhea* – Bacterial infections which are spread from one person to another during sexual contact.
- *Genital Herpes* – A painful skin infection caused by a virus. Small blisters appear on the sex parts. Genital herpes is spread from person to person during sex. Genital herpes occasionally appears on the mouth from oral sex. But it is different from the kind of herpes that commonly occurs on the mouth, which is often not spread by sex.



- *Genital Warts* – These warts are caused by a virus that is spread by sexual contact. They look like warts on other parts of the body but there are usually more of them.
- *HIV/AIDS* – HIV, or human immune deficiency virus, is the virus that causes AIDS. We sometimes use the phrase ‘HIV/AIDS’ since infection with HIV usually leads to AIDS.
- *HPV* – some strains of Human Papilloma Virus cause genital warts while others can cause cervical cancer. There is now a HPV vaccine.

Resources

- Where Women Have No Doctor by A. August Burns, Ronnie Lovich, Jane Maxwell, and Katharine Shapiro, Hesperian Foundation, 2006.
http://www.hesperian.org/publications_download_wwhnd.php
This book combines self-help medical information with an understanding of the ways poverty, discrimination and cultural beliefs limit women's health and access to care. Developed with community-based groups and medical experts from more than 30 countries, Where Women Have No Doctor is an essential resource for any woman who wants to improve her health, and for health workers who want more information about the problems that affect only women, or that affect women differently from men. There is a chapter dedicated to STIs.
- HIV Health and Your Community by Reuben Granich and Jonathan Mermin, Hesperian Foundation, 2006.
http://www.hesperian.org/mm5/merchant.mvc?Store_Code=HB&Screen=PROD&Product_Code=B200
A thorough, easy-to-understand guide for health workers throughout the world. Designed as a manual for people confronting the HIV pandemic in their communities, it is easily accessible to those with little medical or technical knowledge. Topics range from the biology of the virus and the epidemiology of the disease to the mechanics of designing prevention programs and writing grant proposals.
- Salud sexual y reproductiva de mujeres migrantes, by Health Initiative of the Americas, 2006.
http://www.ucop.edu/hia/documents/saludsexual_y_reproductiva.pdf
Comprehensive health worker manual on reproductive and sexual health. There is a chapter dedicated to STIs. See pages 39-40 for a succinct overview of each STI. This curriculum is in Spanish.
- “Sexually Transmitted Diseases – Health Education Module.”
This is an outreach-friendly flip chart, complete with illustrations and simple talking points on STIs for outreach staff to be used with farmworker audiences. For more information contact HOP: www.outreach-partners.org.





Fruity Fun!

Health Education Recipe



Acknowledgement: This recipe was adapted from HOP's *Curriculum for Outreach-Centered Health Education (COCHE™)*, pages 124-126.

Goal: To prevent the transmission of STIs among farmworkers and their families.

Learning Objective: After this activity, at least 80% of the participants will be able to recognize at least 3 general symptoms of STIs and demonstrate the steps for proper condom use.

Time: 30 minutes

Materials: Flip chart paper, markers, condoms for all participants, bananas, cucumbers, or zucchinis for all participants

Target Audience: Farmworker adults or teens, grouped by age and gender if possible.

Audience Size: Small or large group

Steps:

→ Step 1: Introduce the topic

Introduce yourself and announce that you will be talking about STIs. Explain the objective of the workshop and mention that the purpose is not to create shame about these health issues. Instead, the goal is to learn about and discuss these issues, with respect and honesty. Explain that this will be a participatory activity, so both the facilitator and the participants will be working together.

→ Step 2: Facilitate an open discussion

Have participants volunteer the names of different STIs. Ask participants to share something they know about STIs in general or any of the specific STIs mentioned.

→ Step 3: Discuss symptoms of STIs

- Ask participants to share possible symptoms of STIs. As they contribute symptoms, ask them to share something about themselves also (this could be a favorite food, pastime, where they are from, etc.). Urge participants to pay close attention as they will be challenged to remember a few symptoms in a few moments. For symptoms mentioned that are incorrect, kindly thank the participant for their suggestion and ask for another symptom instead. If the participant appears to be struggling with the question, ask for assistance from the rest of the group.
- Just as the farmworkers will need to remember some details about STIs, you will also need to remember the tid-bit the farmworkers share about their personal lives. This will demonstrate your interest in farmworkers' lives and what they have to share, and it will help create a more relaxed environment when presenting a topic that may make some people feel embarrassed or uncomfortable.



- Include any important symptoms that have been left out. Make sure to include all the symptoms of the STIs from the Information Sheet. Also, be sure to mention that some often have NO symptoms at all. Emphasize the importance of getting tested for STIs.

→ Step 4: Challenge participants to recall STI symptoms

Cover up the flip chart with paper and ask the participants to share as many of the symptoms as they can remember. Volunteer the personal facts that the farmworkers have shared about themselves as each farmworker provides a response.

→ Step 5: Demonstrate the appropriate way to put on a condom

- Explain that condoms do not provide 100% protection from STIs, particularly for diseases such as genital warts or herpes where lesions (sores) may not be covered. Condoms, however, remain the best defense against STIs for people who are sexually active. *When used correctly*, they have a very high success rate, are relatively easy to use and access, and are becoming more and more accepted.
- Review the correct steps for appropriately applying and removing a condom, using a banana, cucumber, or zucchini to demonstrate. **[Note: Make sure to have reviewed and practiced these steps before the health education session.]**
- If time permits, pass out bananas to all participants and have them practice the steps. Watch to make sure that all participants use the correct techniques. Recognize that some participants may be uncomfortable with this step.

→ Step 6: Conclude the session

Review the facts that you noted on the flip chart. Thank participants for their time and contributions. Whenever possible, distribute condoms to participants.

Suggested Evaluation Technique: During Step 5, watch carefully while the farmworkers practice putting condoms on bananas. To evaluate, make it a game. The first time have the participants do it while looking at the condom and the banana. Be sure to critique the techniques used. The second time have the participants do it with their eyes shut or wearing a bandana. Mention how this would be similar to putting on a condom in the dark. Mentally note participants who had trouble the first time and note how they do the second time. Has their technique improved?





Signature Hunt

Health Education Recipe



Acknowledgement: Material for this recipe was adapted from the lesson plan “*Expresiones de intimidad*,” a section of *Cómo planear mi vida: un programa para el desarrollo de la juventud latinoamericana*. Published by Advocates for Youth in association with the Costa Rican Demographic Association, <http://www.advocatesforyouth.org/PUBLICATIONS/cpmv.htm>.

Goal: To prevent the transmission of STIs among farmworkers and their families

Learning Objective: After this activity, at least 80% of the participants will understand how HIV and STIs can be spread and how to protect themselves from contracting STIs.

Time: 30 minutes

Materials: Small card for each participant, pencils or pens, condoms (optional)

Target Audience: Farmworker adults and/or teens

Audience Size: Large group

Steps:

→ Step 1: [Before the activity] Prepare small cards

Prepare small cards for each participant. On three of the cards write a tiny X, P, or A in the right-hand corner.

→ Step 2: Introduce the topic

Introduce yourself and announce that you will be talking about how STIs like HIV can be spread as well as how to prevent them. Mention the objective of the workshop including that the goal is to learn about and discuss these issues, with respect and honesty. This will be a participatory activity, so both the facilitator and the participants will be working.

→ Step 3: Facilitate card activity

- Provide each participant a card and a pencil or pen. Ask the participants to mingle amongst each other and get three signatures on their cards. Make sure to explain that the signatures should go in one direction only; in other words, if Juan signs Maribel’s card, Maribel should not sign Juan’s card. When everyone has received three signatures, have them return to their seats.
- Ask the people whose cards are marked with an “X” to go to the front of the room. All those with a signature of this person should also go to the front of the room. Ask all those who have signatures of these people to also join the group up front. Continue doing this until all, (or almost all participants) are standing.

→ Step 4: Explain cards



- Tell the group to imagine that the person with the card marked “X” is infected with HIV or another STI.
- Now tell the group to imagine that instead of getting this person’s signature, imagine that you had sexual relations with this person. You may wish to refresh participants understanding of how STIs can be transmitted.
- Ask the person with the “P” on her or his card to raise their hand. Explain that this person used protection and is not infected. Tell the person to take a seat.
- Ask the person with the “A” marked on her or his card to please raise his or her hand. This person abstained from having sexual relations and is not infected. Tell this person to take a seat.
- Everyone else still standing is infected.

→ Step 5: Discuss the activity

Discuss the following with participants:

- Explain that the activity or simulation demonstrates how cases of HIV or other STIs can multiply.
- Explain that having sexual relations with a partner puts them at the same risk as having sexual relations with all prior sexual partners of their present partner.
- Ask some questions: How did the person with HIV or an STI feel? How did the rest of the participants feel about the person with HIV or an STI? How did it feel to discover that you had used protection or were not infected?
- Review a few facts about how HIV and STIs are transmitted as well as strategies for prevention.

→ Step 6: Conclude the session

Thank participants for their time and contributions. If possible, distribute condoms to participants and urge them to get screened for STIs. Knowledge about their health is a powerful tool for preventing the spread of an STI.

Suggested Evaluation Technique: At the end of Step 5, ask participants what advice they would give a friend who thought he or she might have an STI. Specifically, ask participants how they would explain how STIs are spread and how to protect themselves from contracting STIs.



FAMILY COMMUNICATION ABOUT SEX





Description



Like all young people, when farmworker youth feel unconnected to their home, family, and school, they may become involved in activities that place their health and well-being at risk. However, when parents demonstrate that they value their children, young people more often develop positive, healthy attitudes about themselves. Although most adults want young people to know about abstinence, birth control, and how to prevent sexually-transmitted infections (STIs), parents often have difficulty communicating about sexuality. Nevertheless, communicating about sex is important—positive communication between parents and their children greatly helps young people create their own individual values and make healthy decisions.²⁶

Risks to Farmworkers

Farmworker parents/caretakers have a great opportunity to learn how to talk to their children about sexuality and healthful sex practices. Outreach staff can have an invaluable role in empowering parents with the knowledge that open conversation will not push their child towards sexual activity; rather, it will help their child with information that he or she will undoubtedly need at some point in his or her life.

Background Information

Most parents want to talk openly with their children about sexuality, yet often don't feel prepared to do so. Parents often question when to start having these conversations and what to say to their children, or how best to express their family values.

Talking with young people about the pleasures, responsibilities, and risks of sex does not mean that parents approve of their teenager having sex. However, birth control, pregnancy and STIs are a few of the important issues young people need to understand. When parents are open and talk about these topics honestly, they help their children develop respect for relationships and provide them with important information for taking care of themselves.

As part of this, parents may want to share their personal values, religious beliefs, moral viewpoints, etc. Their children will want and need to know how parents values influence their views on sexuality and sexual intercourse.

Please know that offering such messages to young people does not encourage sex. Rather, teenagers who are denied such information and communication are more likely to have unprotected sex.

Remember the importance of parents listening to their children's opinions on these issues, even though at times, their views may be quite different from their parents (and thus, hard to hear). It is important for parents to make it safe for their teenager to express personal thoughts without

²⁶ Parent-Child Communication, Advocates for Youth, <http://www.advocatesforyouth.org/parentchild.htm>.



fear of judgment or punishment. If the child is met with anger or intimidation, chances are they will not be back a second time; and a parent will miss the opportunity to talk with their son or daughter about critical health issues.

Within such discussions, many worthwhile points can be made about love, intimacy, reasons why people have sex (both good and bad), peer pressure, and delaying sex. A genuine exchange of ideas can enable children to sort out the issues and draw some conclusions—hopefully before they are confronted with making the choices.²⁷

Corresponding Health Education Recipes

- Talking about Sexuality and Values
- Attitudes and Beliefs

Glossary of Terms

- *Abstinence* – refraining from having any type of sex (anal, oral, or vaginal).
- *Gender* – has to do with defining how females and males look and act.
- *Hormones* – natural chemicals produced by our bodies that tell the body what to do.
- *Positive communication* – open communication that demonstrates listening, honesty, and respect.
- *Sex* – there are two general meanings of sex: 1) a person’s gender (female or male), or 2) the act of oral, anal, or sexual intercourse.
- *Sexuality* - Sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what she/he will become. It includes feelings, thoughts, and behaviors associated with being female or male, feeling attractive and being in love, as well as being in relationships that include sexual intimacy and sensual and sexual activity.
- *Values* - the principles that we believe in and that often guide our behavior.

Resources

- Teenage Sexual Health: A Guide for Counselors, Nurses, Teachers, Sex Educators, Physicians, Parents & Teachers by Amelia M. Withington, David A. Grimes & Robert A. Hatcher
Irvington Publishers, 1983
ISBN: 0829012710
- Talking With Your Teenager by Ruth Bell & Leni Zeiger Wildflower
Random House Trade Paperbacks, 1984
ISBN: 0394527739

²⁷ The Background Information section is courtesy of the Advocates for Youth publication “No Place Like Home . . . For Sex Education,” Grade 8 segment: <http://www.advocatesforyouth.org/publications/noplacelikehome/grade8.htm>



- Straight from the Heart: How to Talk to Your Teenagers About Love and Sex by Carol Cassell
Fireside, 1988
ISBN: 0671661981

- Advocates for Youth, “Online Parents Sex Ed Center”
<http://www.advocatesforyouth.org/parents/index.htm>
This website is full of resource and, activities to help parents talk to their children about issues of sexuality.





Talking about Sexuality and Values

Health Education Recipe



Acknowledgement: Material for this recipe was adapted from the lesson plan “*Expresiones de intimidación*,” a section of *Cómo planear mi vida: un programa para el desarrollo de la juventud latinoamericana*. Published by Advocates for Youth in association with the Costa Rican Demographic Association, <http://www.advocatesforyouth.org/PUBLICATIONS/cpmv.htm>.

Goal: To provide an opportunity for parents and teens to explore values associated with sexuality.

Learning Objective: After the activity, at least 75% of participants will have an increased understanding of the connection between sexuality and values.

Time: 35-45 minutes

Materials: Flip chart paper, markers, copies of “Talking about Sexuality and Values” handout for each participant

Target Audience: Farmworker parents and their teenage sons/daughters

Audience Size: Small group

Steps:

→ Step 1: Introduce the activity

Start by saying something like “Today, we are going to discuss various ways people express affection and attraction.” Consider introducing some “Guidelines for Discussion” since the activity addresses sensitive topics. Possible guidelines may include: disagree respectfully, one person speaks at a time, no question is a bad question, etc.

→ Step 2: Use the handout

Pass out a single copy of the handout to each participant, “Talking about Sexuality and Values.” Ask everyone to match an appropriate age for each listed behavior. Please adapt the handout to be appropriate with the language and literacy issues of your audience. Collect all the handouts. Shuffle and redistribute the handouts so no one has his/her own. Using the flip chart paper, ask the group to call out the age listed on the sheets for each behavior. Go through all the behaviors, listing ages beside them.

→ Step 3: Discuss the activity

Process the activity with participants by discussing some of the following questions:

- How did it feel to think about and discuss these behaviors?
- Which behaviors were easiest to assign to a particular age? Which were hardest? Why do you think this was the case?
- Did your values or principles influence your choices? How?
- Could the age you chose for a particular activity be affected by circumstances? Can you give an example?



- How did you decide the appropriate age for a given behavior? How often did parents and teens choose the same age range? How often was it different? Why?
- How would you react if your parent (or teen) listed a very different age from the one you gave?
- Would your gender affect the age you think appropriate for some of the behaviors?
- How would you react if your boyfriend/girlfriend felt very differently from you about appropriate ages for some of the behaviors?

→ Step 4: Conclude the activity

Highlight some of the key discussion areas that were raised during this activity. Ask participants if they have any final questions or comments. Thank them for their time and contributions.



Handout: Talking about Sexuality and Values

At what age is it okay to . . .		
	Teen	Parent/Caregiver
Hold hands		
Kiss		
Touch one another		
Go out in a group of friends		
Date		
Undress in front of a boyfriend/girlfriend		
Have sex		
Live with someone		
Enter a committed relationship with someone		





Attitudes and Beliefs

Health Education Recipe



Acknowledgement: Material for this recipe was adapted from the lesson plan “*Attitudes and Beliefs*,” a section of Parent Sex Education Center, Advocates for Youth.

<http://www.advocatesforyouth.org/parents/attitudes.htm>

Goal: To provide an opportunity for parents and teens to explore their attitudes and beliefs around sexuality.

Learning Objective: After the activity, at least 75% of participants will have an increased understanding of their parents’/teens’ attitudes and beliefs about sexuality.

Time: About 1 hour

Materials: Handout: Attitudes & Beliefs (optional)

Target Audience: Farmworker parents and their teenage sons/daughters

Audience Size: Small group

Steps:

→ Step 1: Introduce the activity

Introduce the topic of beliefs and attitudes. Consider introducing some “Guidelines for Discussion” since the activity addresses sensitive topics. Possible guidelines may include: disagree respectfully, one person speaks at a time, no question is a bad question, etc.

Discuss how beliefs and attitudes are the principles that we believe in and that often guide our behavior. Beliefs and attitudes are learned, first from parents or other caregivers and then from others, including peers, teachers, relatives, community leaders. Youth often question or test the values they have learned from family. Friends with different values, media messages, and developing close relationships all challenge youth and create opportunities for them to make responsible and healthy decisions about sexuality.

Mention something like, “Today, we are going to learn more about our parents’ and teens’ views on a variety of topics related to sexuality.”

→ Step 2: Facilitate a guided discussion

Distribute the attached handout to all participants. Have parents fill out the worksheet. At the same time, have them ask their son or daughter to fill out the worksheet. When they’re both finished, have them exchange and discuss the answers with each other. What similarities do you notice? What differences?

***Alternative: If your group has limited literacy skills, use the questions outlined on the attached handout, and facilitate a discussion with parents and their son/daughter. Present each section of the handout and have the pairs consider the question individually for a moment.*



Afterwards, have the pairs exchange their impressions. Proceed with each of the seven sections in this manner.

→ Step 3: Discuss the activity

Process the activity with participants by discussing some of the following questions:

- How did it feel to think about and discuss these behaviors? Which were hardest? Why do you think this was so?
- Did your values influence your choices? How?
- How would you react if your parent (or teen) responded in a very different way than you believe?

→ Step 4: Conclude the activity

Ask participants if they have any final questions or comments. Thank them for their time and contributions.

Suggested Evaluation Technique: Ask participants what they thought of this activity. Ask them to mention two new things they learned about their parent or son/daughter.



Handout: Attitudes and Beliefs

This activity will help parents share their attitudes and beliefs with their sons or daughters.

Directions: Fill out the worksheet. Ask your son or daughter to fill out the worksheet at the same time. When you're both finished, exchange and discuss each of your answers with one another. What similarities do you notice? What differences?

#1) ABOUT LOVE ...

My mother would say _____

My father would say _____

I believe _____

#2) ABOUT MARRIAGE ...

My mother would say _____

My father would say _____

I believe _____

#3) ABOUT SEX ...

My mother would say _____

My father would say _____

I believe _____

#4) ABOUT BIRTH CONTROL AND CONDOMS ...

My mother would say _____

My father would say _____

I believe _____

#5) ABOUT PREGNANCY ...

My mother would say _____

My father would say _____

I believe _____

#6) ABOUT HIV/AIDS ...

My mother would say _____

My father would say _____

I believe _____

#7) ABOUT SEX EDUCATION ...

My mother would say _____

My father would say _____

I believe _____

