

An HIV Outreach Program for Farmworkers

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La Clínica del Cariño Family Health Care Center (LCDC) is a private, non-profit, comprehensive medical clinic which receives federal funding to provide health care in four counties of the Oregon/Washington mid-Columbia region. Since 1988, LCDC's Outreach Program has offered Spanish-language HIV/AIDS education throughout the clinic's catchment area.

Program Results and Goals

In the past four seasons, the Outreach Program gave 351 HIV/AIDS presentations, most in farmworker labor camps, for more than 5,845 people. Between mid-May and late October in 1991 alone, the program did 207 presentations for over 3,079 farmworkers and their families using improved outreach learned from previous years. Feedback from attendees has been generally favorable. Although the program has not performed the evaluation activities necessary to document its effectiveness, feedback from LCDC medical providers appears to indicate that farmworker patients are now much more likely to know how to use condoms than they were in 1987.

In 1992 the program will continue to raise HIV/AIDS consciousness in the clinic's Spanish-speaking population via field presentations. LCDC hopes to combine this effort with radio education and field testing, both of which have been used elsewhere with great success. The program's goal is to reach at least 2,000 Spanish-speaking people, and to motivate 20 percent to seek counselling and testing.

Program Description

Outreach

Generally, people will not attend public presentations about HIV/AIDS because of taboos related to homosexual activity and drug use. Effective outreach entails 1) presenting at points where people already congregate and feel comfortable, such as labor camps, trailer parks, churches, community meetings, and schools and 2) offering educational opportunities in a manner which is sensitive to cultural and moral values. The following has worked well for LCDC:

- A community educator offers the presentation at a point of contact. The invitation is low-key and non-threatening, and is extended personally. In labor camps, a successful invitation results in

about 90 percent of those invited attending the presentation.

- The presentation is best done immediately, but can be scheduled for later. In the latter case, flyers are distributed as a reminder. Experience indicates that in general, *more* publicity with Spanish-speaking people often results in *fewer* people attending.
- The presentation is done at the point of contact.

In 1991 the program had six two-member community educator teams working at all times during the season. Candidates for community educator training must 1) speak fluent Spanish and be sensitive to Hispanic culture and values, 2) be respected in the community, especially by the target population, 3) be capable of teaching and not too shy, and 4) understand the importance of presenting factual information rather than personal morality. Community educators are paid for each presentation plus mileage, for an average wage of \$7.00/hour after expenses. This is an important motivator because most of the community educators have a low annual income. (When one married couple was congratulated for doing many more presentations than their colleagues, the man responded, "The other community educators must not be as hungry as we are!")

Community educators work in pairs because two are more apt to present the information completely and accurately, give one another moral support, do more presentations than if they worked alone, and for security reasons. When possible it may be better to form male/female teams to more effectively reach mixed groups; however, the program's same-sex community educator teams are probably as effective as the mixed-sex teams.

Overall program quality depends heavily on the community educators, and is ensured further as follows:

- Community educators are asked to cover precisely a standard outline.
- Training includes role-play questions to enhance non-judgmental communication skills.
- Training stresses that community educators should not answer a question unless they are sure their answer is correct. When in doubt they are to say so, then find the answer and respond as soon as possible.
- Community educators in training watch a presentation by a veteran community educator, then do one or more supervised presentations before presenting alone. This process is facilitated

by pairing veteran and new educators when possible.

LCDC plans to give pre- and post-tests to some attendees. The results will be used to improve the presentation and/or style of the community educator, and to evaluate the program's effectiveness. In addition, community educators will complete a brief evaluation form after each presentation, with the goal of improving their presentation style and the presentation in general.

Presentation Contents

The presentation itself includes a video, verbal presentation, and written materials. Audience participation is promoted throughout. Afterward, community educators provide an informal opportunity to ask questions privately. Other basic features include:

- It is written so it can be presented to a mixed group, including males and females of all ages.
- It attempts to lower resistance to receiving information by validating feelings of discomfort with publicly discussing sex and drug use. The video presents information in a way which is relatively comfortable for most people. However, the verbal presentation is explicit because anything less may mean not communicating effectively and having someone infected as a result.
- The community educators use non-judgmental language (e.g., drug "use" vs. "abuse") and take the infection upon themselves (e.g., "If I'm infected and I share this needle with you...").
- Virtually all presentations include a condom-use demonstration and condom distribution. The community educator explains, "I don't know what your attitude is about condoms. You may know at this time that you'll never use one or ask someone to use one, but if you have a condom to give to a person who needs one and is unlikely to buy it, you may be saving a life or lives."
- Counselling and testing are encouraged for people who have doubts about whether they may be infected.
- The presentation attempts to motivate people to safe or safer behavior by emphasizing protection of self, partner, and possible future children.

Author's Note: This program has been and will be improved through input from many people. I write this with the hope both that people will respond with suggestions about how we can improve our program and that the ideas here presented will be of use to others. Readers may contact La Clínica at (503) 386-6380. ❖

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National Migrant Resource Program, Inc.