

Resource Id #5721

**Promotores De Salud: Reducing The Spread Of
HIV/AIDS Within Migrant And Seasonal
Farmworker Communities**

PROMOTORES DE SALUD: REDUCING THE SPREAD OF HIV/AIDS AMONG MIGRANT AND SEASONAL FARMWORKER COMMUNITIES

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PROMOTORES DE SALUD: REDUCING THE SPREAD OF HIV/AIDS AMONG MIGRANT AND SEASONAL FARMWORKER COMMUNITIES

I. EXECUTIVE SUMMARY

The Farmworker Justice Fund, Inc. (FJF) and the National Council of La Raza (NCLR), together with their local partners Puentes de Amistad, The Valley AIDS Council, Compañeros and La Clinica Familiar La Fe trained 85 men, women and adolescents from farmworker families to teach HIV/AIDS prevention to their peers in four border communities. In a 2-year period, the *Promotores de Salud* (lay health educators) reached more than 21,000 farmworker family members with an AIDS prevention message. In addition, they distributed thousands of fotonovelas, brochures, and condoms and made hundreds of referrals for HIV Testing and other health care services. The *Promotores de Salud* model is an effective one, which can be replicated to reach farmworkers and other at-risk minority groups throughout the nation.

II. INTRODUCTION

In 1997-98, the Farmworker Justice Fund, Inc. joined forces with local community-based organizations and the National Council of La Raza in a *Promotores de Salud* project to promote HIV/AIDS prevention among farmworkers in border communities in Texas and Arizona. The project's methodology is to train and supervise farmworker men, women and youth that in turn would educate their peers on how to prevent HIV/AIDS, tuberculosis and sexually transmitted diseases (STDs).

The project, which began in two communities and recently expanded to four, has received generous support from: the Border Health Project, Health Resources and Services Administration, U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention and active supervision from HRSA's Joseph Baldi, Wayne Sauseda and Ana Maria Puente, and CDC's Hodelin Rene.

The national groups, FJF and NCLR, and their local partners, the Valley AIDS Council (VAC), Puentes de Amistad (PDA), Clinica Familiar La Fe (La Fe) and Compañeros, are well qualified to pursue this effort. NCLR is a private, nonprofit, nonpartisan, constituency-based organization, established in 1968 to reduce poverty and improve life opportunities for Hispanic Americans. It has more than 200 affiliates around the country, which are community-based organizations. One of its primary missions is to improve Latinos access to appropriate health information and health care. FJF is a private, nonprofit organization, which was founded in 1981 to improve the living

and working conditions of migrant and seasonal farmworkers and their families, focusing especially on health and safety issues. Since its inception, FJF has worked to ensure that farmworkers themselves have a voice in the public policy debates, which affect them. In 1996, FJF became a subsidiary corporation of NCLR. Both FJF and NCLR have deep roots in the farmworker community and expertise in creating *Promotores de Salud* projects.

The local partners have considerable expertise as well. VAC is a nonprofit health center, which provides HIV/AIDS treatment and prevention services throughout the Rio Grande Valley of Texas. Similarly, La Fe is a large health center, based in El Paso, which provides a wide variety of health services to low income residents, including HIV/AIDS prevention and treatment. PDA and Compañeros are sister organizations affiliated with the Arizona Border Health Foundation. Both provide substance abuse prevention and a variety of health services to low-income Latino residents, including farmworkers, in their Southern Arizona communities of Somerton and Douglas.

III. DESCRIPTION OF THE PROJECT

The Project operated from four sites, training an average of 55 farmworker family members per year in McAllen, Texas, El Paso, Texas, Somerton, Arizona and Douglas, Arizona. At each location, FJF began by convening an advisory committee, comprised of local farmworker groups, migrant, and community health care providers, AIDS support committees and others. These local committees played an important role in recruiting as *Promotores de Salud*, primarily farmworkers and their family members who had demonstrated leadership potential through their active participation in community, church, union, health or other activities. The local advisory committees also helped to connect the Project to on-going activities in the area.

To train the *Promotores*, FJF and NCLR developed a culturally and linguistically appropriate curriculum on HIV/AIDS, tuberculosis and leadership development and then held an intensive two-day training workshop at each location. Using a "popular education" model (i.e., interactive and participatory techniques), the *Promotores* learned the health information as well as the leadership and communication skills they needed to effectively educate their peers. For an eight-month period following each training workshop, the Project also provided on-going support and supervision to the *Promotores* by organizing monthly meetings. These additional sessions enabled the *Promotores* to hone their skills and share their experiences. At the end of each Project year, FJF reconvened their cadre of *Promotores* for an evaluation session at each site. The farmworkers were paid per diem expenses for the full-day training sessions and provided a small monthly per diem to cover their out-of-pocket expenses.

The primary goal of the Project was to reach 7,000 farmworker family members with the HIV/AIDS, STD and tuberculosis prevention message. Over the course of the Project, the *Promotores* far exceeded this goal by reaching over 20,000 individuals. The McAllen and Douglas groups chose to reach farmworker families by going house to house in the *colonias* and communities in which they live. The El Paso and Somerton groups elected to focus their education efforts on the job, educating farmworkers during break-times and at the pick-up points where they congregate before work begins. Meetings were also organized in churches, community centers, housing project and schools. Each *Promotor* was asked to educate 10 individuals per month over an 8-month period each year. Because many of the *Promotores*, like the farmworkers they serve, migrate to other communities for agricultural work, they were not available all year round.

Where possible, the *Promotores* completed a contact report for each educational encounter. In addition, they were to ask each farmworker family member to complete a pre-training questionnaire (to measure their level of knowledge concerning HIV/AIDS transmission and prevention) and a post-training questionnaires (to measure the learning acquired). When training was provided in the fields, pre- and post- training questionnaires were rarely completed.

IV. NEED FOR THE PROJECT

A. The Farmworker Population

The majority of migrant and seasonal farmworkers are poor, Spanish-speaking immigrants who have limited formal education and lack regular access to health care. An estimated 60%¹ of the nation's 4.17 million farmworkers and their dependents² live in poverty. The majority of farmworkers do not speak English and are not educated above the eighth grade level.³ Most (nearly 80%) migrant and seasonal workers are Hispanic.⁴ Fifty-five percent of farmworkers in the U.S. were born in Mexico and a substantial minority of U.S.-born farmworkers are of Mexican descent. Others are African-American, Haitian, West Indian, Southeast Asian, and Native

¹ U.S. Department of Labor, Office of the Assistant Secretary for Policy, *A Profile of U.S. Farm Workers: Demographics, Household Composition, Income and Use of Services* at 17 (1997).

² U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Bureau of Health Care Delivery and Assistance, Migrant Health Program, *An Atlas of State Profiles Which Estimate Number of Migrant and Seasonal Farmworkers and Members of their Families*, Table 1 (March, 1990).

³ U.S. Department of Labor, *U.S. Farmworkers in the Post-IRCA period*, Research Report No. 4, at 13 (March 1993).

American. Approximately 19% of all hired farmworkers are women⁴ and 300,000 are adolescents.⁵

Many farmworkers are unable to obtain regular health care for themselves or their families. Only an estimated 24% of farmworkers have private medical insurance and another 20% of farmworker families receive Medicaid benefits.⁶ Publicly financed migrant health centers serve approximately 17% of the eligible farmworker population.⁷ Without adequate access to medical care, it is not uncommon for farmworkers to work for an entire season with a treatable illness or infection. Poverty, dangerous working conditions, and lack of adequate health care all serve to diminish the health status of farmworkers and significantly shorten their life expectancy.⁸

Many factors contribute to the lack of access to health care and the poor health status of Latino farmworkers. Latinos are more likely than white Americans to contract diabetes, tuberculosis, certain cancers, and AIDS. They receive less preventative care, and they have less access to health education or culturally competent health care providers. Nearly one-third (32%) of Latinos lack health insurance, compared to 20% of Blacks and 13% of whites. Similarly, Latino children of immigrant parents are the largest group of uninsured, Medicaid-eligible children.⁹ Many farmworkers reside in remote rural areas which are under served by low-cost health providers (particularly those who are culturally sensitive), and they often lack familiarity with the services available in the communities to which they travel for work.

B. Farmworkers' Risk for HIV/AIDS

Farmworker men, women, and youth are at high risk for HIV/AIDS. *The National Commission to Prevent Infant Mortality estimates that the rate of HIV/AIDS infection*

⁴ A Profile of U.S. Farm Workers at 1.

⁵ U.S. General Accounting Office, *Child Labor in Agriculture: Changes Needed to Better Protect Health and Educational Opportunities* at 23 GAO/HEHS-98-193 (August 1998).

⁶ A Profile of U.S. Farmworkers at 30.

⁷ V. Wilk, *The Occupational Health and Safety of Farmworkers in the United States* at 6 (1986).

⁸ See, e.g., National Advisory Council on Migrant Health, *Under the Weather: Farmworker Health* (1993); California Rural Legal Assistance Foundation, *Hunger in the Heartland* (1991).

⁹ U.S. General Accounting Office, *MEDICAID: Demographics of Non-enrolled Children Suggest State Outreach Strategies*, GAO/HEHS-98-93 (March 1998).

*among farmworkers is ten times higher than the national average.*¹⁰ Small case studies have reported a range of seroprevalence rates among farmworkers ranging from 2.6% (North Carolina), 3.2% (New Jersey), 5% (Florida) to 13% (South Carolina).¹¹ One study of the Mexican sending state of Michoacán found that one third of all HIV positive individuals had worked in the United States.¹² Further, the Centers for Disease Control and Prevention (CDC) Surveillance Report shows that Latinos, who make up only 11.3% of the U.S. population, account for approximately 17% of all known HIV/AIDS cases among adult men, 20% of all cases among adult women and 22% of all cases among children and adolescents.¹³

The myths of machismo, the religious proscription against use of contraceptives (including condoms) and cultural taboos often prevent farmworkers from adopting health practices which would protect them from HIV/AIDS, STDs and unwanted pregnancies. Knowledge about HIV/AIDS prevention is limited among farmworkers due to linguistic and geographic isolation, lack of formal education, and limited access to health care. Sexual matters are also a taboo subject within the farmworker family.

Male farmworkers are at risk for HIV/AIDS from sexual contact with prostitutes, other males or multiple partners, injecting vitamins, drugs, or alcohol abuse. One study reported that 44% of male farmworkers, married or single, have had sexual contact with prostitutes.¹⁴ Nor is the use of condoms widely accepted. Many believe that condom use eliminates pleasure, diminishes virility or causes homosexuality (among other myths).

Many farmworker women lack knowledge of their risks of HIV/AIDS and feel powerless to act to protect themselves. Cultural taboos inhibit many Latina farmworker women from discussing sexual matters even with their families. Many believe that monogamy will protect them from HIV/AIDS and most have never used condoms with their sexual partners.

Latino adolescents are also at risk for HIV/AIDS due to high rates of unprotected sexual activity. By 12th grade, two-thirds of all females and nearly three-fourths of all

¹⁰ National Commission to Prevent Infant Mortality, *HIV/AIDS: A Growing Crisis Among Migrant and Seasonal Farmworker Families* (1993).

¹¹ S. Dougherty, *1996 National Farmworker Health Conference*, *Journal of the International Association of Physicians in AIDS Care* 12-16 (August 1996).

¹² AIDS: Growing Problems and a Search for More Effective Answers (April 21, 1992) *Notimex*.

¹³ Centers for Disease Control & Prevention, *HIV AIDS Surveillance Report* (Dec. 1997).

¹⁴ Barbara Aranda-Naranjo & Susan Gaskins, *HIV/AIDS in Migrant and Seasonal Farm Workers*, *Journal of the Association of Nurses in AIDS Care* (09/98-10/98), Vol. 9, No. 5, p. 80.

males have had sexual intercourse.¹⁵ In 1996, 10.2% of Latinas aged 15-19 became pregnant, compared to a pregnancy rate of 9.2% for African-American teens and 4.8% for white teenage women. While the rate of teen pregnancy declined for whites by 8.9% and for Blacks by 20.6%, it only declined by 4.8% among Latinas.¹⁶

C. Epidemiological Data Confirms that Farmworkers are at Risk for HIV/AIDS

Surveys conducted by FJF and others confirm that farmworkers lack basic knowledge of HIV transmission and are reluctant to consistently use condoms. A survey of 63 Latina, Haitian and African American farmworker women in Florida, conducted by FJF in 1997, revealed widespread misconceptions concerning HIV transmission and prevention. In response to the question, "how can a person become infected with AIDS," large majorities of the women correctly identified the principal routes of transmission, e.g., sexual intercourse (84%), sharing a syringe (76%). Significant minorities, however, incorrectly identified innocuous activities as leading to infection, e.g., giving blood (49%); kissing on the lips (26%); sharing a cup with an AIDS-infected person (22%). Some (12%) also believed that only homosexuals get AIDS. In response to the question of "what can a woman do to protect herself from AIDS," most women recognized appropriate strategies, e.g., always use condoms (87%), never share a syringe (65%); abstain from sexual relations (62%). However, some ineffective methods also received high marks, e.g., be monogamous (38%); check to see if a partner is clean (65%). The 59 respondents who stated what they are doing to protect themselves also presented a distressing picture. While almost half claimed to be using effective methods, e.g., using condoms (27%); or abstaining (17%); the other half were using ineffective strategies, e.g., being monogamous (22%); checking for cleanliness (5%); or doing nothing (17%). A survey of 72 farmworker women conducted by Elena Lopez Tréviño in California in 1994 revealed similar results. While 94% recognized that AIDS could be transmitted during unprotected sexual intercourse, only 8% were using condoms, 17% relied upon monogamy and 25% were doing nothing.¹⁷

A review of the literature similarly reveals that many farmworkers are confused about HIV/AIDS transmission and are not engaging in safer sexual practices. Organista et al. (1996) surveyed 55 male and 32 female Mexican migrant farmworkers and found that while most properly recognized the major modes of transmission, many believed that they could contract AIDS from a variety of unlikely sources, e.g. mosquito bites (48%),

¹⁵ CDC, *Youth Risk Behavior Surveillance-United States, 1993*, Morbidity and Mortality Weekly Report, 44 (SS-1) (March 24, 1995).

¹⁶ CDC, *National Vital Statistics Systems Vol. 9, No. 2*, p. 16 (April 1998).

¹⁷ Elena Lopez Tréviño, *The Socio-Psychological Challenges that AIDS Presents to Latina Women Farmworkers* (March 1994).

public bathrooms (33%), and kissing on the mouth (29%).¹⁸ Of the 68 respondents who indicated sexual activity, only 60% stated that they had ever used condoms. Among male respondents, however, only 14% said that they always use condoms with regular sex partners, and 49% stated that they always use condoms with occasional sex partners. Few women (14%) stated that they always used condoms with regular partners and only 22% stated that they always used condoms with occasional partners. Foulk et al. (1989) interviewed 67 mostly Black (55%) and Hispanic (39%) farmworker men in Georgia and reported that only 61.2% knew that AIDS was fatal, and more than 50% stated that they never used condoms. Of this group, 75% stated that they were sexually active, 33% stated that they had multiple sexual partners and 35% reported having at least one STD in the previous year.¹⁹

D. Peer-to-peer Education is an Effective Tool

Promotores de Salud projects are effective vehicles for promoting health awareness and health enhancing behaviors among minority, under served, and non-English-speaking populations. With the proper training, *Promotores* can provide essential information on HIV/AIDS to people who have traditionally lacked access to such information. Health promoters also can address numerous barriers to health care facing low income Latino farmworkers, including language difficulties, cultural misunderstandings, and the lack of transportation to health services. The *Promotores de Salud* approach is especially powerful in the migrant farmworker community because it serves both to effectively disseminate preventive health messages and to empower individuals within the farmworker community to play a leadership role.

Research shows that peer education is effective because people are more likely to believe the message and change attitudes and behavior when health information is conveyed by someone who is similar to them -- someone who can bridge the "cultural gap" between their community and the public health system.²⁰ Notably, a screening project for migrant women at risk of breast and cervical cancer employing the *Promotores de Salud* approach proved very effective both in Latin America and with farmworkers in the United States.²¹ An evaluation of this project revealed that personal

¹⁸ Kurt C. Organista, Pamela Balls Organista, Javier E. Garcia de Alba G., Marco Antonio Castillo Moran, & Hector Carrillo, *AIDS and Condom Related Knowledge, Beliefs, and Behaviors*, *Hispanic Journal of Behavioral Sciences*, Vol. 18 No. 3, pp. 392-406 (August, 1996).

¹⁹ D. Foulk, J. Lafferty, R. Ryan & A. Robertson, *AIDS Knowledge and Behavior in a Migrant Farm Worker Population*, *Migration World* 17, 30-42.

²⁰ Love, Mary Beth and Kristen Gardner, *The Emerging Role of the Community Health Worker in California*. San Francisco, Ca. San Francisco State University, (1993).

²¹ UC Agriculture Health & Safety Center at Davis, *Educating Migrant Women at Risk of Cervical and Breast Cancer/Profile: Faith Boucher*, No. 1998-01, p. 6, (Winter 1998).

contact with health promoters was the most effective approach to bringing women in for screening. One study of HIV education among students in an alternative school found that after students participated in small and large discussion groups led by peer educators, there was a 10% increase in the number of students who report that they intended to consistently use condoms and an 11% decrease in the number of students saying that they would never use a condom.²² Similarly, a case-control study of at-risk Black and Latino inner-city clinic patients showed that attending small group discussions or counseling session led by peer educators resulted in an increase in the use of condoms, and a decrease in reported symptoms of sexually transmitted diseases over a one-year period.²³

III. PROJECT RESULTS

A. Many Farmworker Family Members were Educated

The Project was very successful in reaching its primary goal of educating at least 7,000 farmworker family members concerning the prevention of HIV/AIDS, sexually transmitted diseases, and tuberculosis.

The contact reports completed by the *Promotores* over a three-year period show that the numbers served include:

9,965 women
8,744 men
2,816 youth (under age 20)

Combined total: 21,525

Farmworkers were reached at home, at work, at church and in many other venues. As planned, some *Promotores* primarily reached farmworker families in their homes and while others reached them primarily at the job site. Many other locations were also utilized. *Promotores* gave presentations at churches, community centers, schools, and housing projects. Many held small gatherings at their homes. On several occasions, a large employer allowed *Promotores* to give presentations to crews of lettuce pickers during their lunch break. The Arizona *Promotores* also gave presentations to hundreds of farmworkers as they crossed the international bridge from Mexico. Thus, the

²² J.B. Jemmott & L.S. Jemmott, Behavioral Interventions with Heterosexual Adolescents, *NIH Consensus Development Conference on Intervention to Prevent HIV Risk Behaviors*, Bethesda, MD. (NIH 1997).

²³ The NIMH Multisite HIV Prevention Trial: Reducing HIV Sexual Risk Behavior, *Science* Vol. 28, pp. 1889-1894 (June 19, 1998).

Promotores used their initiative to take the AIDS prevention message to farmworkers wherever they could be found.

Promotores have also given presentation about their work at a variety of conferences including those convened by:

- The Annual National Council of La Raza Conference (TX/CA)
- The 2nd and 3rd Lay Health Promotoras de Salud Conference (AZ/NM)
- HIV Innovations Along the Border (AZ)
- Arizona 2000 Symposium "Living in a World of Constant Change" (AZ)
- ENLACES Training for Latinos in the HIV Prevention Community Planning Process (TX)
- El Tapiz "Weaving a Healthy Latino Community" (AZ)
- Transformando Vidas en El Nuevo Milenio (CA)
- The University of California at Riverside (CA)
- Annual Meeting of the Arizona Farmworker Inter-Agency Council (AZ)

The response the *Promotores* received was overwhelmingly positive. In the contact sheets, the *Promotores* reported the following comments:

"En estos tiempos es muy importante toda clase de información acerca de todas estas enfermedades que aún mucha gente ignora." (*In these times, it is very important to receive information about these diseases that many people know nothing about*).

"Es importante esta información en especial para los jóvenes." (*This information is very important, especially for young people.*)

"They (the parents) will talk with their children about sex, to prevent this virus."

"Gracias por mandar a una persona para ayudarnos a entender y aprender más sobre esta información, gracias por su ayuda y educación." (*Thank you for sending us someone to help us understand and learn more information; thank you for this help and education*).

"Thank you for teaching us more about this topic and the information on where to go get tested."

"She's very interested in AIDS. Now that she knows more about it, she told me she really needs to talk with her boy and the 2 other girls she has."

"He was embarrassed, but I'm glad he wanted the information I gave him."

"Siempre habrá que tener información para cuidar a nuestra familia, e

informarles de los peligros a que estamos expuestos.” (*We always need to have information to care for our families and inform them of the dangers we’re exposed to*).

“They said they were going to call Valley AIDS to get tested so their son could see that it is important to get tested and talk about this or any other topic with the family.”

“Quisiera aprender como usar los condones para enseñarle a los hijos que tengo.” (*I want to learn how to use condoms to teach my sons*).

In addition to prevention counseling, the *Promotores* made thousands of referrals for HIV testing and other health services and distributed thousands of fotonovelas²⁴ and brochures on AIDS and STD’s prevention, and thousands of free condoms.

B. Project Evaluations: Strengths, Weaknesses, and Recommendations:

i. Pre- and Post-Training Questionnaire: The Project hoped to measure the extent to which farmworker family members absorbed the HIV/AIDS prevention message through a comparison of a pre- and post-training questionnaire. While the Project has been successful in collecting significant numbers of pre-training questionnaires, it has been difficult to collect nearly as many post-training evaluations.

In the first year of the Project, the post-training questionnaires were mailed to the trainees one-month after the education session occurred. This approach did not succeed at all. Mailing the post-training questionnaires was unsuccessful because most participants were unwilling to give their correct name and address even to fellow farmworkers. The *Promotores* surmised that there were two primary reasons for this reluctance:

- (1) The extreme fear of the government (especially the Immigration and Naturalization Service) that pervades the farmworker community
- (2) People’s reluctance to receive anything in the mail which connects them to HIV/AIDS.

In subsequent years, to secure responses to post-training questionnaires the *Promotores* asked the community members to complete them at the end of each training session. While this has proven to be more successful, only about three times as many pre-training questionnaires are completed as post-training questionnaires.

²⁴ *Fotonovelas* are soap-opera style stories, written in a comic book type format, which are very popular in Mexico and elsewhere in Latin America.

This low response rate is due in part to:

- (1) The reluctance of a low-literacy population to complete questionnaires, even with assistance
- (2) The inconvenience of this methodology when training is conducted in a field or other work situation

The *Promotores* themselves engaged in informal methods of gauging farmworkers' responses to their training. After the training occurred and the literature had been distributed, they would inquire of the workers or their supervisors as to whether the material was read or disregarded. The response was overwhelmingly positive, with fotonovelas and brochures being read and passed from hand-to-hand among a crew or a family. Often the *Promotores* found that after they had given an education session, farmworkers or family members would seek them out privately at work, at school or in town, to ask them questions or request more condoms. No matter how many condoms the *promotores* were given, they never had enough to meet the demand. The fotonovelas were also extremely popular.

ii. Referrals for HIV Testing: Many farmworker family members, who were interested in securing HIV Testing, were reluctant to make the appointments for themselves. The *Promotores* responded by calling the facilities for them.

In Arizona, a problem developed after one education session, when 17 farmworkers requested an appointment for Testing. In Yuma County, the county health department is the only facility which offers free testing (based on income). Because this agency only has one Spanish-speaking counselor, it had a limited capacity to accept Spanish-speaking clients. It was agreed that the *Promotores would* call for the appointments and limit the number of clients they would refer on a single day.

In Texas, the Testing has been far easier to obtain because the Valley AIDS Council (VAC), which participated in the Project, is able to provide the test with its own bi-lingual staff. In the last two years of the Project, several *Promotores* have also been trained as HIV counselors and equipped to do the oral test, which can be done in the worker's own home.

The *Promotores* demonstrated an even deeper commitment when they became concerned that the farmworker family members whom they referred for Testing might need additional support to follow-up on test results and secure treatment. (Indeed, research shows that many individuals never return to learn the results.) Consequently, the *Promotores* suggested that they continue to follow-up on the family members who

want Testing, to provide them with additional support and referrals, if necessary. This suggestion, too, has been implemented in the second and third years of the Project.

iii. Leadership: In addition to spreading health education messages, training farmworkers to be *Promotores de Salud* creates leadership within the farmworker community. With extremely limited education and resources, the *Promotores* repeatedly showed ingenuity and initiative to get the word out to their community in creative ways. On one occasion, the *Promotores* attached condoms to homemade paper flowers to distribute them. Two groups of *Promotores* have now written and produced their own HIV/AIDS prevention plays, which they perform at community meetings and at conferences. Another group of *Promotores* is working on producing their own fotonovela to educate co-workers. This fotonovela will be published in the winter of 2000-2001. For each *Promotor*, the most powerful lesson learned is that they are capable of acting to protect themselves and their family and friends.

IV. CONCLUSIONS

Because significant misconceptions concerning HIV/AIDS transmission and prevention remain widespread in the farmworker community, prevention education must remain a high priority. Well-trained and supervised *Promotores de Salud* can effectively deliver this message. As an additional benefit, the farmworkers who are trained as *Promotores de Salud* will become community leaders who can help bridge the cultural gap between public health providers and the farmworker community. Peer educators can help reduce the spread of AIDS among farmworkers and their family members, which is an at-risk population.

EXHIBITS

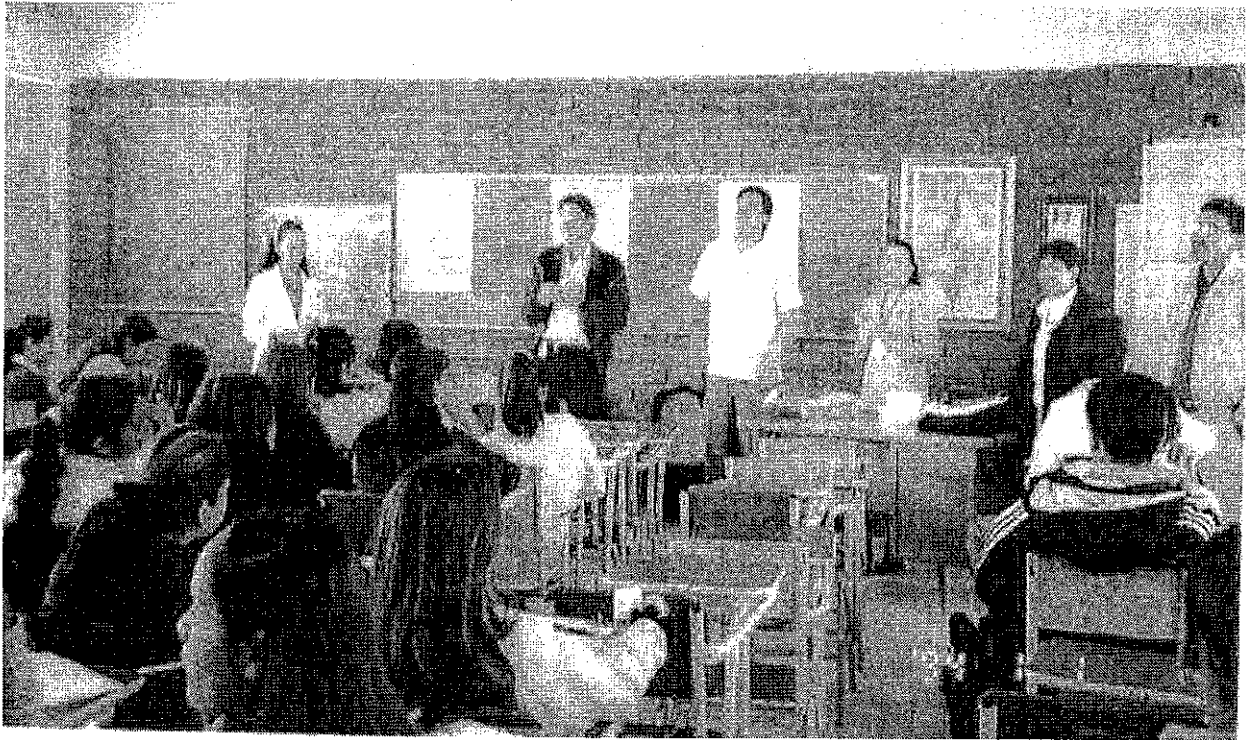


**PROMOTORES DE SALUD
MEN, WOMEN AND YOUTH
AGES 14 TO 69**

**"COMMITTED TO THE PREVENTION OF HIV/AIDS IN MIGRANT COMMUNITIES BY
PROVIDING EDUCATION AND HIV TESTING TO ALL MIGRANT MEN, WOMEN AND
YOUTH"**

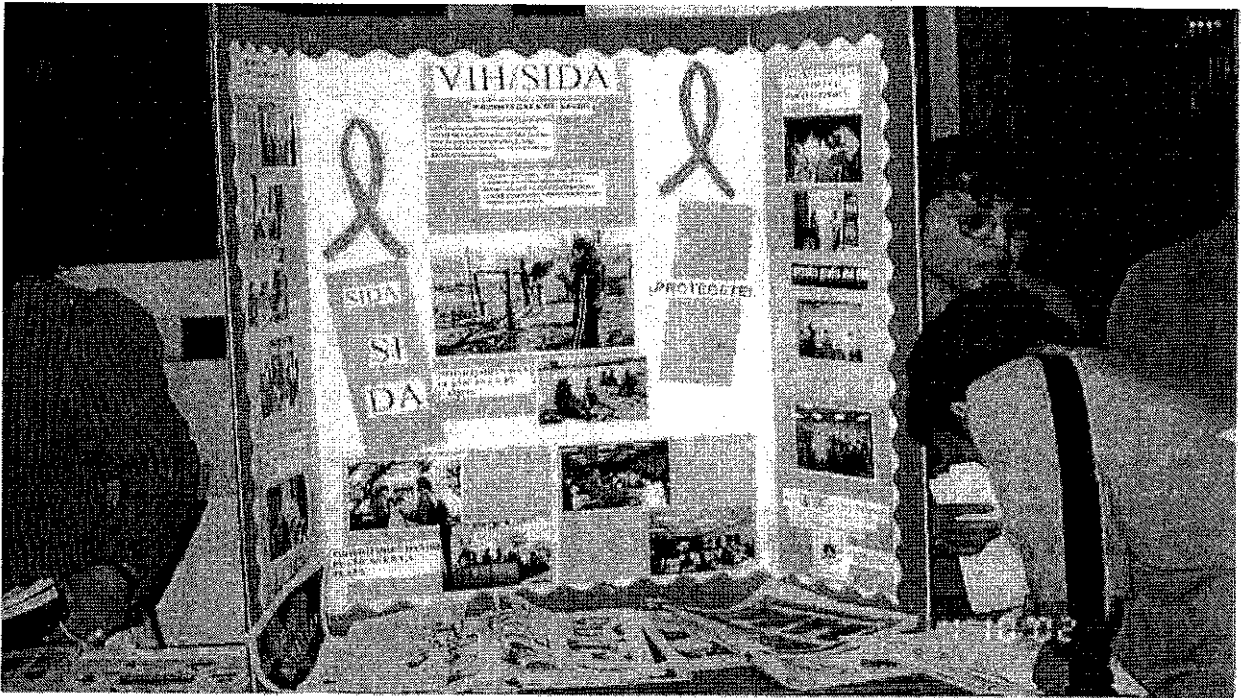
PROMOTORES DE SALUD: PROVIDING INFORMATION IN THE FIELDS





EDUCATING MEN, WOMEN AND YOUTH

SIDA, ¡SÍ DA!



WORKING WITH OTHER COMMUNITY BASED ORGANIZATIONS TO ENSURE MIGRANT INCLUSION IN COMMUNITY HEALTH ISSUES

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