

Distribution Agreement

In presenting this thesis or dissertation as a partial fulfillment of the requirements for an advanced degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis or dissertation in whole or in part in all forms of media, now or hereafter known, including display on the world wide web. I understand that I may select some access restrictions as part of the online submission of this thesis or dissertation. I retain all ownership rights to the copyright of the thesis or dissertation. I also retain the right to use in future works (such as articles or books) all or part of this thesis or dissertation.

Signature:

[Kelsey Conlon]

Date

Health In Action: The Community Health Worker Program for the Open Door Clinic, Middlebury,
Vermont

By

Kelsey Conlon
MPH

Global Health

Mohammad Ali
Committee Chair

Health In Action: The Community Health Worker Program for the Open Door Clinic, Middlebury,
Vermont

By

Kelsey Conlon
B.A. University of Notre Dame, 2011

Thesis Committee Chair: Dr. Mohammad Ali

An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in Global Health, 2015

Abstract

Health In Action: The Community Health Worker Program for the Open Door Clinic, Middlebury,
Vermont

By Kelsey Conlon

Due to the passing of the Affordable Care Act (ACA), there are more options for health insurance for all residents and citizens of the United States, but the ACA does not provide insurance options for the undocumented people in the United States, leaving over 9 million undocumented Latinos involuntarily uninsured. Furthermore, with the growing need for workers in the agriculture industry, undocumented Latino workers are starting to populate areas where they have never lived before. Vermont, because of its huge dairy industry has become one of the new destinations for undocumented farm workers. Because of the lack of diversity in Vermont and its proximity to Canadian border patrol, the undocumented population suffers from unique barriers to care. The Open Door Clinic, a free clinic in Middlebury that serves all of Addison County, Vermont, serves as a health clinic for the uninsured population in southern Vermont. With this influx of new undocumented workers and a new trend of these workers remaining longer in Vermont, the Open Door Clinic has slowly transformed into a makeshift medical home for many Latinos in this area. With this change in its community role, Open Door sought to change programming to establish stronger relationships between the Latino population and local communities to facilitate preventive health behaviors and access to medical care. Using Middlebury College students and prominent Latino farm worker community members, the Open Door Clinic created and implemented a Community Health Worker Program. The following document provides an overview of the literature of the barriers to health of the Vermont undocumented farm worker population, the frameworks that guided program design, the Community Health Worker training and education curriculum, the implementation strategy, and the monitoring and evaluation protocol.

Health In Action: The Community Health Worker Program for the Open Door Clinic,
Middlebury, Vermont

By

Kelsey Conlon
B.A. University of Notre Dame, 2011

Thesis Committee Chair: Dr. Mohammad Ali

A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in Global Health, 2015

Table of Contents

Abstract	Page 3
Background	Page 4
Methods	Page 11
Introduction to the Community Health Worker Program	Page 13
Assessment Plan	Page 24
Limitations	Page 27
Conclusion	Page 30
Works Cited	Page 31
Appendix 1: Timeline	Page 34
Appendix 2: Log Frame	Page 35
Appendix 3: Health Worker Curriculum	Page 40

Abstract:

Due to the passing of the Affordable Care Act (ACA), there are more options for health insurance for all residents and citizens of the United States, but the ACA does not provide insurance options for the undocumented people in the United States, leaving over 9 million undocumented Latinos involuntarily uninsured. Furthermore, with the growing need for workers in the agriculture industry, undocumented Latino workers are starting to populate areas where they have never lived before. Vermont, because of its huge dairy industry has become one of the new destinations for undocumented farm workers.

Because of the lack of diversity in Vermont and its proximity to Canadian border patrol, the undocumented population suffers from unique barriers to care. The Open Door Clinic, a free clinic in Middlebury that serves all of Addison Country, Vermont, serves as a health clinic for the uninsured population in southern Vermont. With this influx of new undocumented workers and a new trend of these workers remaining longer in Vermont, the Open Door Clinic has slowly transformed into a makeshift medical home for many Latinos in this area. With this change in its community role, Open Door sought to change programing to establish stronger relationships between the Latino population and local communities to facilitate preventive health behaviors and access to medical care. Using Middlebury College students and prominent Latino farm worker community members, the Open Door Clinic created and implemented a Community Health Worker Program. The following document provides an overview of the literature of the barriers to health of the Vermont undocumented farm worker population, the frameworks that guided program design, the Community Health Worker training and education curriculum, the implementation strategy, and the monitoring and evaluation protocol.

Background:**Health of Undocumented Latinos in the United States:**

Through implementation of the Affordable Care and Patient Protection Act (also known as ACA) in 2010, more than 100 million previously uninsured Americans have now become insured through more choices for affordable insurance, more government subsidies, and, in certain states, expansion of Medicaid coverage.³¹ However, the ACA does not provide health insurance options for the large undocumented population in the United States.³¹ Approximately 9 million undocumented Latinos, people from any Latin American Country living in the United States, will continue to remain ineligible for health insurance, due to regulations prohibiting undocumented persons from receiving health insurance through the ACA. With this lack of health insurance comes a lack of access to care which potentiate health disparities and put Latinos at greater risk of negative health outcomes⁵.

Although the population of undocumented Latinos is on average much younger than the overall United States population, they still face huge health burdens and poorer outcomes compared to other race/ethnic groups.¹⁶ Latinos had a lower rate of influenza vaccinations, a higher rate of preventable hospitalizations, and a higher rate of HIV diagnoses compared to non-Hispanic whites, and the pregnancy rate for teen Latinos was three times the rate for white teenagers.⁵ Nationally, the most common health problems faced by the undocumented Latino population are skin problems, musculoskeletal issues, pesticide exposure, infectious disease, STIs, and poor mental health^{3,15,12,10,18}

Undocumented Latinos are also more likely to report difficulty finding healthcare and they are more likely to report not having a usual source of care than documented Latinos.¹⁶ Only 57% say that they have a place where they usually go for healthcare, and most of the time it is at a community clinic, which are meant to be used as a “safety net” instead of a regular care facility.¹⁶ Among the population who does not see a doctor regularly, many indicate that financial barriers, lack of insurance, and high medical cost are the main barriers to care. Studies have shown that education, transportation, language barriers, fear, and cultural differences have created barriers to healthcare among this population.^{2, 7, 27} Mental health issues have also been tied to social isolation and stress from inadequate housing and lack of legitimate legal status.^{11, 27}

Health of Undocumented Latinos in Vermont

The growth of the Latino population has created “New Latino Destinations” in many rural states that previously had few Latinos.¹⁵ One of the industries that has seen a large increase in the number of Latinos is dairy farming.²⁸ In 2012, 41% of dairy farms in the United States used foreign workers, most of which came from Mexico.^{26,30} It is predicted that by 2017, 53% of all workers on large dairy farms and 18% of workers on small dairy farms will be Spanish-speaking.¹⁴ This influx of undocumented workers creates a new need for social structures and policy instruments to support the needs of these workers, such as healthcare.^{3,14,18,20}

Vermont is the 12th largest milk producer in the United States and dairy plays a huge role in Vermont’s economics (Naomi Wolcott-MacClausland, personal communication, May 25, 2014). Because of Vermont’s dependency on the dairy industry, this state has become a new destination for many Latinos, and Vermont has seen

its Hispanic population grow 24 times faster than its overall population between 2000 and 2010.⁸ Because dairy farming is not a seasonal position, most Latino farm workers stay on a farm for two to three years to save enough money to improve their lives in Mexico and then move back to their family.¹⁴ However, in the most recent few years, the length of stay for the farm workers has begun to increase and many workers are now staying longer and starting families in Vermont (Peter Conlon, personal communication, May 28, 2014). The Latino population is also internally diverse, including diversity of legal status and duration of stay even occurs within households where different members of the household have different legal status in the United States: this creates a need for specifically targeted programs for a population that has diverse needs, such as a healthcare navigator to help families enroll children in health insurance.²²

Vermont, as a new destination, provides a unique sociopolitical climate for the new Latino worker population. While the population of Latinos in Vermont remains small, it is estimated that 90% of the Latinos in Vermont are undocumented, and this growth is a significant demographic change for a state that is 98.5% non-Hispanic white.⁹ Vermont shares a border with Canada, so most regions are within a 100-mile radius of the border, where Immigration and Customs Enforcement share jurisdiction.¹⁷ Vermont law is fairly inclusive and accepting of undocumented farm workers and Vermont State Police enacted bias-free policing to separate them from immigration enforcement and follow strict anti-discrimination procedures.²⁹ However, because of Vermont's proximity to the Canadian Border, Canadian Immigration Enforcement Officers have a strong presence 25 miles from the border, and do have official jurisdiction up to 100 miles from the border, which stretches through about 3/4th of Vermont (Naomi Wolcott-

MacCausland, personal communication, May 25, 2014). Because of the Immigration Enforcement and the lack of diversity in Vermont, many farm workers, especially in the northern parts of Vermont do not leave the dairy farm except during emergencies (Naomi Wolcott-MacCausland, personal communication, May 25, 2014).

Furthermore, there are not a lot of resources for Spanish speaking individuals. Only 4% of Latino workers speak English well, and 70% of farm workers reported that no one else on their farm spoke Spanish. Most farm workers and employers rely on hand signal for communication.³³ While laws enforce the right to an interpreter in hospitals, police stations, and other federal organizations, the lack of diversity lends itself to a lack of in-person interpreters. Most federal facilities rely heavily on telephone translation services (Julia Doucet, personal communication, June 1, 2014). “There is, in general, a lack of services for the Latino population in Vermont and a lack of inclusivity: there are no Hispanic markets, no Hispanic radio stations, and no Mexican restaurants. People find their community in their fellow workers and rarely venture further than that” (Peter Conlon, personal communication, June 2 2014). Furthermore, until recently, undocumented persons in Vermont were ineligible for a driver’s license: personal transportation was not only limited by economic barriers, but also a legal barrier. With new law, passed in 2014, the farm worker population potentially has the new ability to transport themselves when needed in southern Vermont (Julia Doucet, personal communication, June 1, 2014).

A survey of migrant farmworkers in 2011 showed that although an estimated 31.7% of workers defined health in terms of being able to work and the majority of workers (87.1%) stated that they felt healthy every day, the main medical issues for

Latinos in Vermont are the similar to the national migrant population: skin problems, musculoskeletal pain, and work related injuries.³ A high prevalence of injuries more specific to dairy farmers, such as injuries from kicks from cows and slipping, and asthma and bronchitis from feed, hay and dust, are also very prevalent among the population of Latino farm workers in Vermont: 14.3% of workers were currently experiencing back or neck pain, 12.9% were experiencing toothaches or dental issues, 12.9% were experiencing depression or anxiety, and 10% were experiencing skin problems.^{3,6,14,18,19}

The Vermont Department of Health sponsored a qualitative study in 2007 focusing on three counties with substantial Latino farm workers. The study characterized the health status for Latino farm workers and their unique barriers to care. This study found similar results to the national studies of migrant health: childhood primary care was inconsistent, vaccinations were not up-to-date, and there was limited access to dental care.³ Most of the farm workers had not recently used health services in the United States. They cited fear of encountering immigration law enforcement, language barriers, and lack of transportation as the biggest barriers to care. Health promotion and prevention programs were found to be non-existent or in the very early stages of development.³

Health care providers notice the same barriers facing the Latino population. After interviewing six healthcare staff, a study concluded that the most identified barriers to Latino health are “fear of deportation, linguistic and cultural differences, transportation, isolation, work conflicts/clinic accessibility, financial resources, and lack of information about health care services.”¹ This provides some evidence that potential avenues to overcome these obstacles are: ensuring safety/confidentiality, utilizing community

resources and advocacy groups, recruiting Spanish-speaking providers, visiting farms to better understand patients' living conditions, collaborating with other health care sites, advertising services in Spanish, and educating staff about their rights and responsibilities in treating migrant patients.”¹

The Open Door Clinic:

The Open Door Clinic is a small free health clinic in Addison County whose mission is to “provide access to healthcare services, free of charge, to those uninsured and underinsured individuals that meet the financial eligibility guidelines. It is [their] goal to provide access to quality healthcare for patients seeking their assistance, until a permanent healthcare provider can be accessed through private or government assisted insurance programs”.²¹ The Open Door Clinic provides primary care, mental health counseling, a diabetes clinic, women's health services, physical therapy, prescription assistance and referrals to local area specialists.²³

The two Case Managers on staff manage many patients, and their duties include arranging transportation and interpreters for appointments and reaching out to local doctors and dentists for lower cost procedures. During a physical exam, if more complex problems come to light, the Open Door clinic arranges with the local hospital for free laboratory exams and x-rays (Heidi Sulis, personal Communication, June 2, 2014). All patients from the Open Door Clinic, both documented and undocumented, can apply to Porter Financial Assistance which provides free care for those living under 200% of the poverty line at the small Porter Hospital in the heart of Addison County and right next door to The Open Door Clinic or Fletcher Allen Financial Assistance, which provides free care for those under 400% of the poverty line at the large Fletcher Allen Hospital an

hour north of Addison County. Most patients receive care at the Open Door Clinic for basic injuries and disease, but are referred to Porter Hospital if more intense care is needed and to Fletcher Allen for more complex cases and for giving birth since Porter has limited resources and does not have a Labor and Delivery Unit (Heidi Sulis, personal Communication, June 2, 2014). Sixty percent of patients are eligible for free care, and no patient pays for more than 40% of their healthcare expense. The Open Door clinic also has a partnership with two local dentists who provide dental care for Medicaid prices for uninsured patients (Julia Doucet, personal Communication, June 1, 2014). Lastly, for prevention practices, an outreach nurse holds 30-35 outreach clinics each year at local farms providing vaccinations, physicals, and health screenings.²²

Although parts of Addison Country extend into the 100-mile radius from the Canadian border, it is far enough south that Immigration Enforcement presence is less overwhelming. There are about 500 Latino farm workers living and working in Addison County at this time. The Open Door clinic sees almost all of the farm workers and has become a medical home for this population. Although only about 30% of Open Door Clinics patients are undocumented Latino farm workers at any given clinic 90% of patients are undocumented because the clinic serves as a medical home for many farmworkers, many of them being seen multiple times for follow-up for one injury or disease (Julia Doucet, personal communication, June 1, 2014).

Open Door Clinic Community Health Worker Program

The Open Door Clinic wants to enhance their relationship with the surrounding Latino population and provide more continuity of care, serving as more of a medical home than an acute medical center. They would like to begin to work on preventative

medicine and cultivate a partnership between the clinic and community members (Heidi Sulis, personal Communication, June 2, 2014). As part of a large Health Resources and Services Administration Grant from the United States Department of Health and Human Services, the Open Door Clinic, in Middlebury Vermont, has begun to focus on expanding the Latino Farmworker outreach and education components of the Clinic. I, Kelsey Conlon, a Masters in Public Health student, was taken on to begin work on a Community Health Worker Education Program and develop a curriculum focused on providing information and education sessions to the migrant farm worker population in Addison County with the goals of strengthening the relationship between the Latino Farmworker population and the clinic, and providing health education to the farm workers in order to contribute to a decrease in the prevalence of preventable disease and injury and increase prevention.

Methods:

This curriculum, designed specifically for the unique needs of the Latino farm worker population in Addison County, was developed using inputs from the four employees of the Open Door Clinic. The outreach nurse and case manager was the lead supervisor on this project and provided a brief summary of the patients' needs she had seen during her three years working at the clinic and reviewed each section for cultural feasibility. Furthermore, she was collaboratively involved in designing the specific implementation protocol and monitoring and evaluation procedure using the resources available to the clinic in a feasible way.

A presentation by Naomi Wolcott-MacCausland, a field worker for Bridges to Health, a small non-profit organization in the northern region of Vermont focused on providing health resources to migrant farmworkers living in northern Vermont, also contributed to the design of the Community Health Worker Program. The northern region of Vermont has an already existing Community Health Worker Program through Bridges to Health: The population in the north shares some of the same qualities as the population in Addison County but has some very different and unique obstacles that had to be accounted for in the design of this program. Naomi Wolcott-MacCausland shared her Community Health Worker Program and pointed out the similarities and differences between the population in Addison County and the population she serves through Bridges to Health.

Informal discussions with patients that frequented the clinic and had strong relationships with the staff were used as inputs for the topics in the curriculum. Through the research highlighted above and the input of the Open Door Clinic staff, 10 health and health behavior topics were chosen to highlight in the education program.

The curriculum and implementation procedures were written and reviewed by clinic staff. Then they were translated into Spanish and reviewed by a bilingual staff member to ensure proper word usage for this community. Lastly, through brainstorming sessions with clinic staff, an assessment plan for Monitoring and Evaluation and related protocols were created and reviewed. The data for the Monitoring and Evaluation procedures will be collected by the Middlebury College Health Educators through pre-post testing, attendance records, and clinic, hospital, and dental records, and then will be entered into a database and analyzed using a times series evaluation by the selected

Health Educators who have the medical and statistical background knowledge. They will receive specific training and mentorship on data analysis.

Introduction to The Open Door Clinic Health Promoter Program

The goal of the Community Health Worker Program is to try to address some of the upstream factors that perpetuate a higher prevalence of preventable diseases and injuries among the Latino population, mainly lack of knowledge and lack of accessibility to health services. Since Middlebury does have medical services available, the Community Health Worker Program focuses on the health education component and the other aspects of medical care for Latinos that contribute to accessibility, namely access to transportation and an interpreter and education. The program has a comprehensive vision, including training Community Health Promoters (who are pre-identified members of the Latino farm worker community) and Health Educators (who are Middlebury Students) to facilitate health education sessions, provide referrals for Latino farm workers to local clinics or hospitals, and arrange interpreters and transportation for medical appointments. Altogether, we hope this added outreach program will help increase access to screenings and detection services and increase medical knowledge of preventable problems. We hope this will lead directly to an increased number of preventative screening appointments and a significant adoption of other preventative behaviors, which will hopefully contribute to a reduction of the prevalence of preventable disease and injury for Latino Farmworkers.

.

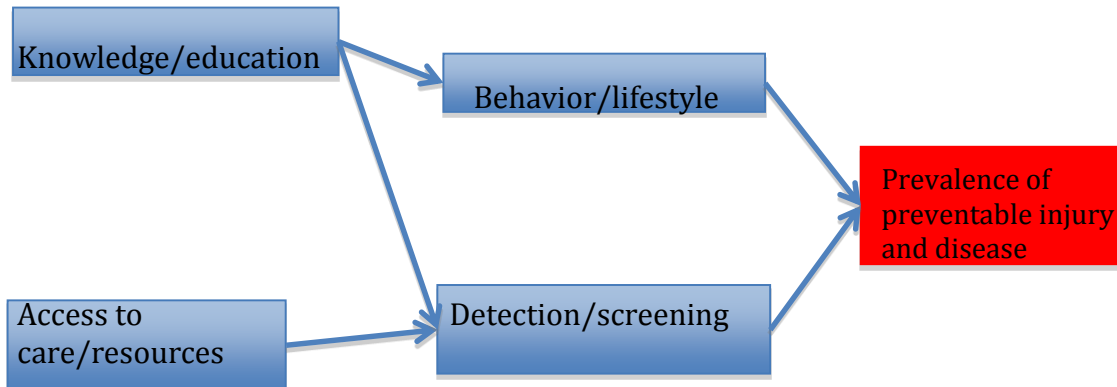


Figure 1: Theoretical Framework shows that an increase in knowledge and education, in conjunction with the access to care/resources, will affect the prevalence of preventable disease and injury

Implementation:

Implementation of the program begins by identifying Community Health Promoters and Health Educators, and creating pairings based on each schedule of availability. Then, all of the Community Health Promoters and Educators will receive curriculum training over two weekends where the Outreach Nurse will teach the group of Community Health Promoters and Educators the 10 lessons as if they were students in the classes. Through this teaching, they will be able to see how the facilitation process works with the script, and they will get exposure to the material they will be teaching. The Health Promoters will additionally get training on their specific roles within the community, such as assisting with referrals, transportation, and appointments, HIPPA training, and training on the regulations and protocols for referrals in the field. Because the Health Promoters are not certified nurses, they are unable to triage or diagnose any client, but they can refer to the Emergency Room or the Clinic and can contact the Outreach Nurse if any concerns arise.

After the clinic training, the Community Health Promoter will be encouraged to market his or herself to the community, they will receive business cards and printed education material for the community. In this community, word of mouth causes information to travel fast, so we expect the Community Health Promoter to easily create a network. Furthermore, each farm worker that seeks care at the clinic will be assigned to the Health Promoter nearest them as an additional resource. Once they have received this training, each Community Health Promoter and Educator pair will be assigned to a farm, and meet to discuss the schedule for their sessions. They have the flexibility to hold sessions whenever they want, depending on the demand at the farm; however, they must complete all 10 lessons in 6 months. They will meet with the Outreach Nurse to discuss their plan. When each pair has finished the first 5 lessons, they will meet with the Outreach Nurse to discuss changes they have made to the lessons and challenges they have faced, review the pre/post test results, and discuss solutions to their challenges.

After the 10 lessons have been taught and the 6 months have passed, all of the Community Health Promoters and Educators will meet with the Outreach Nurse once again as a group to celebrate and to discuss needed changes and improvement to the curriculum and processes. The Outreach Nurse will make the changes to the curriculum as she sees fit after the discussion, and the Health Promoters and Educators will be reassigned if needed (as the case with a graduating Senior) and begin to replan their lessons once again. When summer arrives, the clinic will use other community members from local churches and local medical staff to serve as Health Educators as needed.

Roles of individuals in the Community Health Worker Program:

	Roles
Open Door Clinic Outreach Nurse	<ul style="list-style-type: none"> • Train Community Health Promoters and Health Educators. • Manage and schedule the Community Health Worker Program and education sessions through one-on-one meetings, phone calls, and data collection. • Apply for grants and provide funding for teaching materials, travel reimbursements for health promoters and educators, and potentially monetary incentives for Health Promoters.
Middlebury Student Health Educators	<ul style="list-style-type: none"> • Assist with community health education sessions • Assist with the collection of data for monitoring and evaluation. • Input and analyze data to provide outcomes of effectiveness and limitations of the Community Health Worker Program. • Create more sustainability through a continuous training program: through The Open Door Clinic's partnership with a community service student club at Middlebury college, there will be a continued focus on training freshman to replace seniors so that there is a continuous stream of Health Educators.
Latino Farmworker Community Health Promoters	<ul style="list-style-type: none"> • Serve as a liaison between the Clinic and the community to introduce Farmworkers to the health resources in Addison country. • Connect farm workers with necessary transportation and interpreting resources for appointments, and referring patients to a hospital, clinic, or health center, depending on need and urgency of disease or injury. • Promote disease prevention and management behaviors, including the use of the Open Door Clinic as a Medical Home and going for Well Exams. • Facilitate learning in the 10 designated classes of the health education curriculum, and collecting data from pre/post testing for knowledge attainment measures.

Role of the Open Door Clinic Nurse: The Open Door clinic nurse will manage the program, assisting the Health Educators and Health Promoters in determining a class schedule to achieve the goal of teaching 10 lessons in 6 months and following up with the Health Educators and Health Promoters to make sure no unforeseen scheduling barriers have arisen, the curriculum is manageable, and that they are collecting and analyzing the needed monitoring and evaluation data in accordance with the program timeline. She is also in charge of the preliminary trainings for the Health Educators and Health Promoters.

Roles of Community Health Promoters: The Community Health Promoters, who are selected members of the undocumented Latino farm worker community, will be trained by clinic staff to serve as a source of information and a liaison between the clinic and the farm worker population, introducing new farm workers to the health resources in Middlebury, suggesting visits to the doctor or hospital upon seeing disease or injury, helping organize transportation, and facilitating health education sessions.

The members who have been selected have already showed a great deal of commitment to the mission of the Open Door Clinic, and have been volunteering in various capacities, including driving, making phone calls, and even educating clinic staff informally on different cultural beliefs and unique medical solutions to common illnesses. The clinic has a strong relationship with these members and believes that they have the time and enthusiasm to become a Community Health Promoter. Although we are beginning by providing non-monetary compensation for the Community Health Promoters, the hope is to find funding through private donations for monetary incentives for the Health Promoters as well, after early successes have been demonstrated.

After receiving training, the Health Promoters will co-teach 10 health classes with the Middlebury students (Health Educators) on various farms and are provided with a script and handouts to facilitate the learning process. While we foresee the Health Educators taking the lead at the beginning with the education classes, as the Community Health Promoters feel more comfortable, they will take over the education sessions. We hope that with this outreach, the farm worker population will have greater access and confidence in the Open Door Clinic to reach out for medical care when in need, and they will learn about and engage in healthy and safe behaviors to decrease the rates of preventable injury and disease.

Role of the Health Educators: The Open Door Clinic is lucky enough to be across the street from Middlebury College, which has a very well known language program, and has consistently had a large number of student volunteers who are interested in volunteering every week in the clinic for their entire four years in college. The clinic is grateful for the volunteers, but has struggled to find a place for the students to have personal interactions with the Latino community, but in a way where they are not required to have clinical skills to assist. The Community Health Worker Program is a great opportunity to use the constant flow of Middlebury students as Health Educators, assisting with the education and monitoring and evaluation components of the Program.

Because of the varied levels of literacy and education among the Health Promoters, the Clinic believes that it will improve the implementation process to have Middlebury students assist as the Health Promoters become comfortable with the health information, the facilitation role, and the administrative responsibilities that are part of the Community Health Worker Program. The Health Educators will be trained with the

Health Promoters and will serve as co-facilitators during the implementation process of the health education sessions to take some of the Health Promoter responsibilities and allow the Health Promoters to become comfortable with the lesson plans before they facilitate the lessons on their own

The Health Educator Role is also used to create sustainability. Although dairy farmers are less transient than other groups of Latino farm workers, there is a chance that the Community Health Promoters will leave at any time because of choice or because of issues relating to their job or legal status. To work to combat this issues, we plan to continue to include and train Health Educators, having older students train younger students and through a partnership with a student club, the older students will train the new students in the education and evaluation information and protocol to serve as their replacements when the older students graduate.

The Health Educators, because of their familiarity with computers in high school and college, will also have the responsibility of data entry and analysis, after they have been trained.

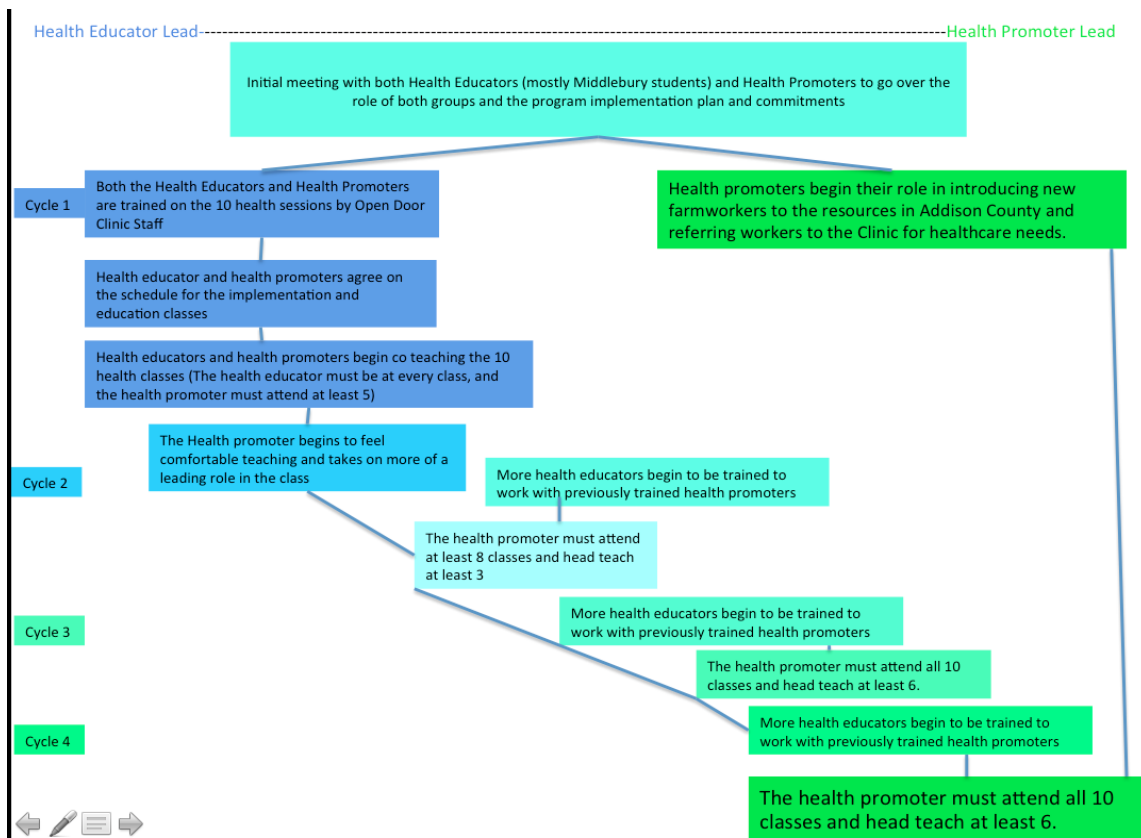


Figure 4: The transition of education responsibilities from the Health Educators to the Health Promoters.

Access to care/resources: The Open Door Clinic has an existing strong network of doctors and specialists that can provide most medical services for free or at an extremely reduced cost. However, the focus is now on providing the Latino population with information about the clinic and transportation options to make accessing these services easier, removing some of the administrative responsibility from the clinic staff, and highlighting the health resources to every member of the Latino community in a more culturally competent way.

Through the Community Health Worker Program, we hope that the Health Promoters will introduce the workers to the health resources that are available in Addison County and therefore, the medical resources that are already established in the

community will become more widely known among the farm workers, and more readily accessed. We also hope the Community Health Promoters will assist in organizing transportation to and from health appointments. Transportation is a major obstacle to the access to medical care in Vermont, but The Open Door Clinic has established a network of volunteers available daily who use their personal vehicles to pick up farmworkers to take them to their appointments, drive them to the pharmacy, and return them home. Furthermore, now that undocumented farmworkers are eligible to get a drivers license in Vermont, there is a potential for a network of farmworker transportation to develop within the community. Health Promoters can assist with arranging transportation for farmworkers with volunteers or drivers in the community, therefore making healthcare more accessible and alleviating some of the administrative burden on the Open Door Clinic staff.

Lastly, we hope that the Community Health Promoters assist with direct disease and injury prevention by catching diseases earlier and referring patients to early and necessary medical appointments, leading to more optimal use of primary care.

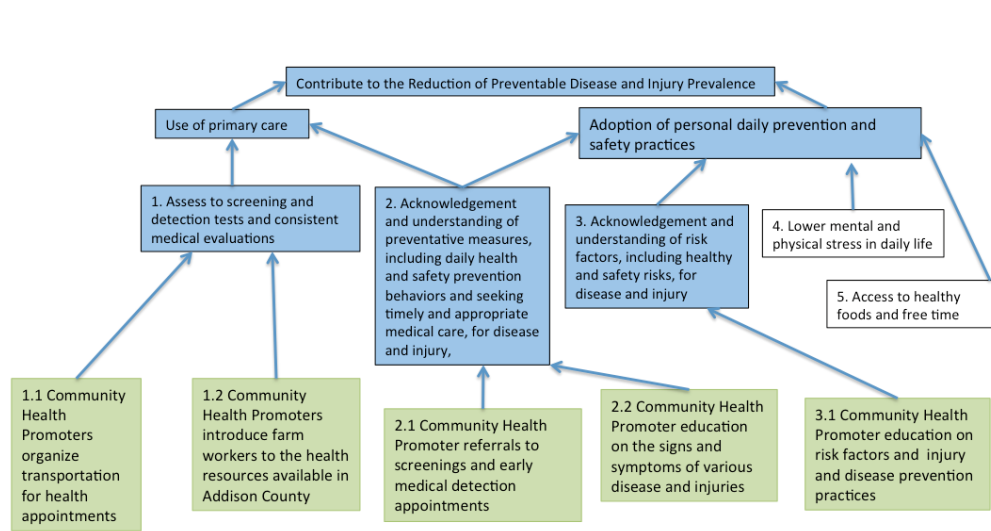


Figure 2: The Causal Framework relating the activities (in green) of the Community Health Workers to factors those contribute to the reduction of preventable disease and injury prevalence.

Education and Knowledge: The Community Health Promoters and Health Educators will educate the farm workers on risk factors for injury and disease as well as prevention practices. Each pair will be assigned to a farm or group of farms, and will work with the farmer to schedule class sessions when the farm workers are available. The clinic staff believes this will be during the lunch break/dinner break, depending on the shift. Because of the unique schedule of each health promoter and educator and the unique shifts at each farm, each Health Educator and Health Promoter pairing will develop their own class schedule to facilitate the 10 planned lessons in the curriculum.

The clinic has a great relationship with all of the farmers so they are not seen as a barrier to this goal and all outreach events have been extremely well attended in the past (Julia Doucet, personal communication, June 1, 2014). This clinic works closely with most farmers and with other organizations who place farmworkers on farms, so they know how many people they can reach. There are still limitations; for example, there are a limited number of Health Promoters and Educators and they have limited time; second, although it would be ideal, it is nearly impossible to try to get the same farmworkers to attend all 10 health education sessions because of work schedules, but the clinic staff has decided that exposure to some information about disease and injury prevention is better than none. The goal of this educational component is for farm workers to acknowledge and understand the possible risk factors and the signs and symptoms of disease and injury, so that the farm workers themselves will be able to identify their risks of disease and injury early on and seek out medical care before the situation worsens. However, for the Open Door staff, the education sessions are seen not only to educate but

also simply to introduce the farm workers to the clinic and the Health Promoter, so they are not concerned about if each farmworker is attending all 10 education sessions. They simply want farmworker exposure to a Community Health Promoter through an education session to provide a trusted health resource for the farmworkers who can refer concerns to clinic staff.

We hope that with this outreach and education program, both the Community Health Promoters and the farm worker population at large will have greater access to and confidence in the Open Door Clinic to reach out for medical care when in need, and they will learn about and engage in healthy and safe behaviors in order to decrease the rates of preventable injury and disease.

Translation of Resources and Education: Through trainings by the Open Door Clinic staff, the Community Health Promoters and Health Educators will serve as liaisons in translating knowledge about health resources available in Addison County and how to seek these resources and serve as educators about healthy behaviors that prevent disease and injury. While the Middlebury Student Health Educators will focus their efforts on facilitating learning in 10 pre-determined education sessions, the Health Promoters, since they are present in the Latino farm worker community, will not only focus on those education sessions, but also be available for information through phone calls and one on one meetings with members of the Latino community. In each education class, so that the participants can be self-empowered and have access to the information they learned, each farm worker in attendance will receive a folder with handouts about the topic of the lesson and a card with the contact information for their Health Promoter and the Open

Door Clinic. The correct answers to the pre/post test will be passed out at the end of each class. We do not expect that all of the knowledge will be obtained in one class session and we understand it will take time for behavior change, but the education sessions are to serve as an exposure to the health system and resources available as well as the behaviors that can be used to prevent illness and injury, and, as the program expands and becomes an institutionalized aspect of the Open Door Clinic, farmworkers will begin to hear the same information from doctors and health promoters, and with time we believe that behaviors will change.

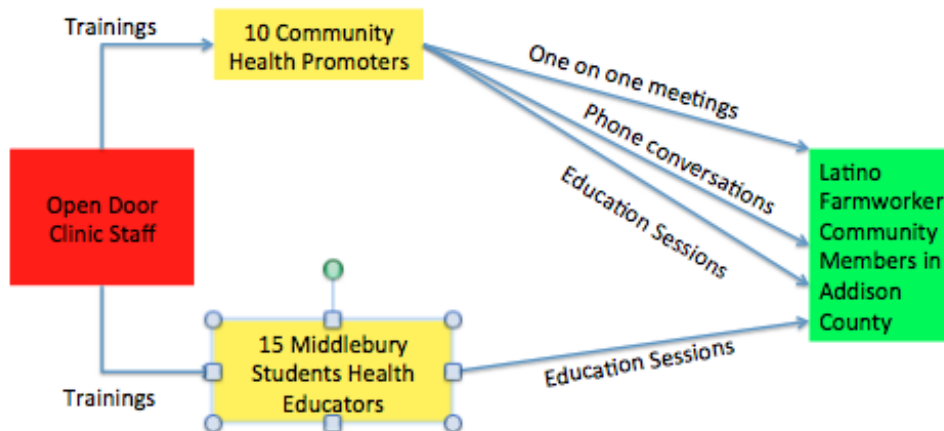


Figure 3: Knowledge translation, including referrals to hospitals, doctors and clinics, disease prevention behaviors, and health and transportation resources in Middlebury Vermont between the clinic, Community Health Promoters and Educators and The Latino Farmworker community.

Assessment Plan (See appendix for a detailed Log Frame):

This program is designed to work toward the reduction in the overall prevalence of preventable injury and disease among the Latino population in rural Addison County, Vermont. We will keep track of class attendance and interactions with health promoters,

to measure the breadth of the outreach, pre/post testing to measure the knowledge acquired through the education program, the detection and screening appointments and diagnoses of preventable disease and injury among class participants compared to non-class participants to measure the knowledge from the Community Health Promoters being put into practice, and the overall prevalence of preventable disease and injury compared to a historical control to measure to measure the overall effect of the program on preventable disease and injury prevalence.

In order for community members to seek preventative screenings and make behavior changes in their lives, they must first know and accept the risk factors and signs of preventable disease and injury. Because of the lack of resources and the challenges connecting consistently with farmworkers, the Clinic has decided they are less concerned with following the same cohort of farmworkers through the program, but more interested in exposing some farmworkers to any amount of education. Since this is a small community, we believe that each Community Health Worker will be able to have a combined attendance at the classes of 75 interactions per 6 month class cycle. To measure the change in short-term knowledge, we will provide pre/post testing with each Health Worker education session and the quality of the lesson in achieving its knowledge goals. We would like at least 75% of class participants to demonstrate a significant increase in knowledge about the health topic, measured through pre/post testing for each lessons. While the Community Health Educators and the Open Door Clinic volunteers will input the attendance each month, and will analyze the pre/post test scores every three months. After the first half of education sessions, the Health Promoters and Educators will meet with the Outreach Nurse to discuss their results of pre/post testing and their

feelings about the acceptability of the curriculum, and if there is a need for any change. The program is extremely flexible, and the outreach nurse would like to see this curriculum serve as a backbone from which the program can develop and change if results are not meeting goals and expectations.

Although the clinic only has the ability to measure short-term acquired knowledge at this point, clinic staff decided that the best solution with limited resources is to use data collected at clinic appointments for preventative screenings, specifically glucose testing, STD testing, teeth cleanings, and well-exams to evaluate the general knowledge uptake to compare care seeking behavior among those who have had health related interactions with the Health Promoters or Educators, either attending a class session or speaking to a Health Promoter about resources or a specific injury or symptom. Every attendance at educational sessions will be reported by the Health Promoter or Health Educator using an attendance sign in sheet, and each Health Promoter will be charged with keeping a list of each person they have had a health related interaction with and reporting it each month to the Clinic. Using this data and clinical data, we will be able to evaluate the care seeking practices by stratifying health seeking behaviors by those interacting with the Community Health Worker Program and those who are not to see the impact of the program on prevention behavior.

To evaluate the impact of the intervention on the overall prevalence of preventable disease and injury, the clinic will use the new diagnosis of Sexually Transmitted Diseases, Hypertension, Type 2 Diabetes, Food-Borne gastrointestinal infections, and Cavities, using a quasi-experimental approach similar to time series. They will look at historical data and prospective data after the implementation of the

program for prevalence of preventable diseases and compare that to the prevalence of preventable diseases from Porter Hospital and local private dentist records, to have some frame of reference and comparison. Since this is the only clinic in Middlebury and they have a close relationship with the only Emergency Room as to be notified if a farm worker seeks care at the Emergency room, we know we are capturing all of the people who are seeking care in Middlebury. We will hopefully see a peak in prevalence of these preventable diseases within a year of the start date of the program because more screenings lead to more diagnoses, but we hope to see a decrease in the prevalence of these disease as time goes on as compared to Hospital records that are serving as a control and measure of the overall population. Clinic-trained pre-med Middlebury Students who are deemed competent enough by clinic staff will extract health data from written clinical records. (Clinic notes are written in English). The Open Door Clinic staff knows they have enough competent students for this extraction. The Clinic data will then be compared with data from class attendance sheets and Community Health Promoter interaction report forms and referrals, and will be evaluated every 6 months.

With further funding and the expansion of the program, the Open Door Clinic may be able to pilot a study to look more specifically at the general knowledge of the Latino Farmworker Population and the compare between those attending the Community Health Worker Program and those who are not attending the health classes or the effect on the population at large. This could possibly be a partnership between students at Middlebury looking for a research thesis and the Open Door Clinic. Furthermore, the Open Door Clinic could, in the future, hire another student intern, or use their summer Middlebury College Poverty Studies intern to create a cost benefit analysis study and an

acceptability study to analyze the economic costs and value of the program and the cultural acceptability. These evaluations will help to make changes to continue to improve the Community Health Worker Program and align the program with the contextual and sociopolitical changes in Vermont.

Limitations:

We understand the limitations to this program. Most importantly, because of the transient nature of this population, there is no guarantee that the Community Health Workers that are identified at the beginning of the implementation will remain in that area for enough time to become comfortable presenting the material and taking on a leadership role in the education of the farm workers and evaluation of this program. However, many of the workers are staying for longer periods of time, and the likelihood of maintaining residence in Addison County is accounted for in the identification process.

Another big limitation of this program is the lack of a simple random sample surveys to evaluate the general knowledge both at baseline and after certain points in the implementation of the program. At this point, with the limited staff and funding, this is not feasible. However, the clinic is content simply looking at short-term knowledge and a change in prevention behaviors.

Furthermore, in the long-run, though the clinic does not have the resources to evaluate every disease, the clinic staff can use its records pre, during, and post health education efforts, to develop a time series using specific disease indicators (new diagnoses of Sexually Transmitted Diseases, Hypertension, Type 2 Diabetes, Food-Borne gastrointestinal infections, and Cavities) and prevention screening process indicators such

as glucose tests, STD tests, well exams and teeth cleanings) to see if the program has had impacts on the population at large over time. These are the easiest conditions to measure, and are directly related to the health curriculum. Occupational musculoskeletal injuries are also of great concern, but it is more difficult to measure if they are preventable or simply accidental. With more resources, a future project could use an expert to expand the evaluation to look at musculoskeletal issues as well. Also, as with many interventions, with an increase in screening, there will also be an increase in diagnosis, but with all of these diseases, early detection is a positive outcome. As the years go on, we hope to see a decrease in the prevalence of these preventable diseases, but we fully expect to see an increase in the first year because people who have never been screened before will be screened and formally diagnosed.

The organization of classes is another limitation. Since all farms have different schedules and each farm worker has a unique schedule, we have left it up to the Health Promoter and Health Educator to design a schedule for their educational sessions. This allows for more flexibility, but is harder to manage. Furthermore, since the same group of farm workers will not be attending every class, some farm workers will be educated in some parts of the curriculum and not the others. However, the clinic expressed that they would like to see any kind of outreach and education and it was less important to them that the same people received all of the education than many people receiving some education. The thought is that with this bit of education, the workers will feel comfortable seeking out the Health Worker with other questions and that discussion about the health topics will continue among the workers after the class is done so that they can teach one another in an informal way. The education sessions are seen not only

to educate but also simply to introduce the farm workers to the clinic and the Health Promoter.

Lastly, at this point, the first round of implementation is beginning and will serve as a pilot test. Because I did not have time to run a pilot test, the responsibility of making changes to the implementation procedure, the curriculum, and the monitoring and evaluation protocol will fall into the hands of the outreach nurse. However, she is very capable and determined and has an intern assigned to her this year that will be focused on assisting with the implementation of this program.

Conclusion:

Though the Community Health Worker Program implemented at the Open Door Clinic in Middlebury Vermont, the relationship between the clinic and the farmworker community will be strengthened. The Community Health Workers will serve as liaisons in the community to refer farmworkers to appropriate care and educate on the importance of preventative medicine, and we hope that this will make the farmworker patients will be more inclined to seek preventative care and disease detection, leading to a lower prevalence of preventable disease. Although the population of Latinos living in Vermont is small right now, it is growing very quickly and the Open Door Clinic wants to have this program in place to manage a larger population with the possibility of expanding as needed. We hope that this program utilizes that resources in Addison County to effectively educate the Latino farmworker population on disease management and prevention to help Latinos live healthy and long lives.

Works Cited

1. Adie, T. (2010). Barriers to care for undocumented farm workers in Vermont providers' perceptions. (Unpublished master's dissertation). The University of Vermont, Burlington, Vermont.
2. Arcury, T., Quandt, S. (2007) Delivery of health services to migrant and seasonal farm workers. *Annual Review of Public Health*. 28, 345–363.
3. Baker, D. & Chappelle, D. (2012). Health Status and Needs of Migrant Farm Workers in Vermont. *Journal of Agromedicine*, 17(3), 277–287.
4. Casey G, Grant A, . . . Roerig S (1997). Farm worker injuries associated with cows: New York State 1991–1996. *American Association of Occupational Health Nurses Journal*, 45(9).
5. Center for Disease Control (2013). Hispanic or Latino Populations. *Minority Health*. <http://www.cdc.gov/minorityhealth/populations/REMP/hispanic.html>
6. Chapman, L., Brunette, C., Karsh, B., Taveira, A., Josefsson, K. (2011) A 4-year Intervention to increase adoption of safer dairy farming work practices. *American Journal of Independent Medicine*, 54, 232–243.
7. Cristancho, S., Garces, D., Peters, K., Mueller, B,. (2008). Listening to rural Hispanic immigrants in the Midwest: a community-based participatory assessment of major barriers to health care access and use. *Qualitative Health Research*. 633–646.
8. Ennis, S., Rios-Vargas, M., Albert, N.(2011) The Hispanic Population: 2010. *Washington, DC: U.S. Census Bureau*.
9. Galloway, A. (2009). Young man's accidental death on a Vermont dairy farm points up migrant-worker conundrum. *Vermont Digger*.
10. Grzywacz, J. (2009). Mental health among farm workers in the eastern United States.. *New York: Springer*., 153–172.
11. Grzywacz, J., Quandt, S., Vallejos, Q., Whalley, L., Chen, H., Isom, S. (2010) Job demands and pesticide exposure among immigrant Latino farm workers. *Journal of Occupational Health Psychology*, 15, 252–266.
12. Hansen, E., Donohue, M. (2003) Health issues of migrant and seasonal farm workers. *Journal of Health Care for the Poor and Underserved*, 14, 153–164.
13. Holmes, S. (2013). Fresh Fruit, Broken Bodies: Migrant Farmworkers in the

- United States. Berkley, CA: University of California Press.
14. Jenkins, P., Stack, S., May, J., Earle-Richardson, G., Growth of the Spanish-speaking workforce in the Northeast dairy industry. *Journal of Agromedicine*, 14, 58–65.
 15. Kandel, W. (2008) *A Profile of Hired Farmworkers: A 2008 Update*. Washington, DC: U.S. Department of Agriculture, Economic Research Service.
 16. Livingston, G. (2009) Hispanics, Health Insurance, and Health Care Access. *Pew Research Hispanic Trends Project*. www.pewhispanic.org/
 17. Mares, T., Wolcott-MacCausland, N., & Mazar, J. (2013). *Cultivating food sovereignty where there are few choices*. Paper presented at the Food Sovereignty International Conference at Yale University, New Haven, CT. http://www.yale.edu/agrarianstudies/foodsovereignty/pprs/29_Mares_2013.pdf
 18. May, J. (2009) Occupational injury and illness in farm workers in the eastern United States. *New York: Springer*; 71.
 19. McCurdy, S., Carroll, D. (2000) Agricultural injury. *American Journal of Independent Medicine*. 38, 463–480.
 20. Ona, F. (2007). Assessing the Health Status, Health Care Needs, and Barriers to Care For Migrant Farm Labor in Franklin, Addison and Grand Isle Counties: 2006. *Vermont Department of Health, Burlington, VT*
 21. Open Door Clinic .(2014). Mission Statement. *Home*. www.opendoormidd.org
 22. Open Door Clinic. (2014). Outreach. *Clinic*. www.opendoormidd.org
 23. Open Door Clinic. (2014). Services: Clinic Services. *Clinic*. www.opendoormidd.org
 24. Ortega, A., Fang, V., Perez, J., Rizzo, O., Carter-Pokras, S., Wallace S., Gelberg, L. (2007) Health care access, use of services, and experiences among undocumented Mexicans and other Latinos. *JAMA Archive of Internal Medicine*, 167, 2354-60
 25. Passel, J., and Cohn, D. (2012). Unauthorized Immigrants: 11.1 Million in 2011. *Pew Research Hispanic Trends Project*. www.pewhispanic.org/
 26. Rosson, P., Adcock, F., Susanto, D., Anderson, D. (2009) The Economic Impacts of Immigration on US Dairy Farms. *Center for North American Studies, National Milk Producers Federation and Texas AgriLife Research*.

27. Shobe, M., Coffman, M., Dmochowski, J. (2009) Achieving the American dream: facilitators and barriers to health and mental health for Latino immigrants. *Journal of Evidenced Based Social Work*, 6, 92–110.
28. Stack, S., Jenkins, P., Earle-Richardson, G., Ackerman, S. & May, J. (2006). Spanish-Speaking Dairy Workers in New York, Pennsylvania and Vermont: Results From a Survey of Farm Owners. *Journal of AgroMedicine*, 11, 37-44.
29. Suozzo, A. (2011). Vt. State Police implement bias-free policy on immigration enforcement. *Addison Country Independent*. www.addisonindependent.com
30. Susanto, D., Rosson, C., Anderson, D., Adcock, F. (2010). Immigration policy, foreign agricultural labor, and exit intentions in the United States dairy industry. *Journal of Dairy Science*, 93, 1174–1781.
31. The Henry Kaiser Family Foundation (2013). Summary of the Affordable Care Act. *Health Reform*. <http://kff.org/health-reform/fact-sheet/summary-of-the-affordable-care-act/>
32. The Henry Kaiser Family Foundation (2014). The Coverage Gap: Uninsured Poor Adults in States that Do not Expand Medicaid. *Health Reform*. <http://kff.org/health-reform/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>
33. Wolcott-MacCausland, N. (2014). Health Access Negotiations and Decisions among Latino Workers In Vermont. (Unpublished master’s dissertation). The University of Vermont, Burlington, Vermont.

Appendix 1 :

Timeline:

The implementation begins with the Open Door Clinic staff identifying possible Health Promoters and Educators and asking for their commitment and time availability for participation in the program. The next month is spent training the Health Educators and Promoters in Health Education, the program specific curriculum, when and how to refer patients to health facilities, and monitoring and evaluation procedures. At this point the Health Promoters can begin to market themselves and be present in the community to connect the community to the health clinic and other resources in Addison County. The Health Educators and Promoters are then given 6 months to teach all 10 of their classes, and the Health Promoters begin to take the lead teaching. After those 6 months, the Open Door Clinic Staff will meet with each Health Promoter and Educator team to review progress, evaluate pre/post testing for short-term knowledge intake, and discuss possible revisions to the program or curriculum. The changes discussed will be made by clinic staff and a Middlebury Student or Health Promoter though out the two months following these meetings, and by this time a Middlebury student will have collected all reported data, inputted it, and begun to analyze it for reporting the successes and limitations of the program.

This timeline provides details about the timing of the implementation and evaluation of the Community Health Worker Program for the first 15 months of the program. Because the exact implementation date is not specified, we have numbered the months about 1-15, with 1 being the first month of implementation. An X represents the time in which an activity in being implemented.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Identify possible Health Promoters and Health Educators ask for their commitment to participation in the program	X														
Orient new Health Educators and Health Promoters to the Community Health Worker Program and receive training on the health classes, and plan education schedule		X	X	X											
Health Educators and Health Promoter teach the 10 classes			X	X	X	X	X	X	X						
Health Promoters begin to take over more of the classes, as they feel comfortable.							X	X	X						
Health Promoters and Health Educators finish their education sessions and meet with Open Door staff to review progress, evaluate pre/post testing, and discuss necessary changes									X	X	X				
Changes are made to the Community Health Worker Program											X	X	X		
Data on referrals and interaction in the field is reported by community health promoters and is analyzed each 6 months and compared to the year before as data becomes available											X	X	X	X	X

Appendix 2:

Narrative Summary:

The goal of the Community Health Worker Program is to address the needs of the community that lead to higher prevalence in preventable disease and injury among the Latino population, mainly lack of knowledge and lack of accessibility to health services. Since Middlebury does have medical services available, the Community Health Worker Program focuses on the health education piece and the other details of medical care for Latinos that contribute to accessibility, namely access to transportation and an interpreter. By setting up rides to appointments, referring farm workers to clinics and hospitals for medical screenings, and educating the population about the signs and symptoms of diseases and the risk behaviors associated with preventable disease and injury, we hope that the Community Health Promoters and Educators will help increase access to screenings and detection services and increase medical knowledge of preventable problems. We hope this will lead directly to an increased number of preventative screening appointments and a significant adoption of other preventative behaviors, which after three years we hope will contribute to a reduction of the prevalence of preventable disease and injury for Latino Farmworkers.

Narrative Summary
Goal Contribute to the reduction of the prevalence of preventable disease and injury in the Latino community in Addison County, Vermont by 20% over the next three years
Purpose 1. Increase in the number of preventive medical screenings and appointments by 25% among the population of Latino farm workers that attended at least one of the Community Health Worker Program education sessions. Purpose 2. Significant change in adoption of preventative health and safety behaviors
Output 1. Increased access to screening and detection medical services by 25% among the farm worker population. Output 2. At least 75% of community members who attended one of the Community Health Worker education class show increased acknowledgement and understanding of the daily health and safety precautions and prevention behaviors, including seeking timely and appropriate medical care. Output 3. At least 75% of community members who attended Community Health Worker class show increased knowledge and understanding of the health and safety risk factors and signs and symptoms of preventable injuries and diseases. Output 4. Lower mental and physical stress in daily life * Output 5. Access to healthy foods*
Activity 1.1 Ten Community Health Promoters organize at least 5 rides per month for health appointments Activity 1.2 Ten Community Health Promoters introduce at least 75% of new workers to the health resources available Activity 1.3/2.1 Community Health Promoters refer at least 5 people each month to the Open Door Clinic for a preventative or curative medical screening. Activity 2.2 Community Health Promoters and Health Educators educate the population about the signs and symptoms of preventable diseases and injuries, and they will have a combined attendance for all 10 health classes of 75 people. (This could be the same 8 people for 10 classes, or 75 distinct people without repeating, although the same person is preferable). Activity 3.1 Community Health Promoters and Health Educators educate the population about risk factors of preventable diseases and injuries, and they will have a combined attendance for all 10 health classes of 75 people. (This could be the same 8 people for 10 classes, or 75 distinct people without repeating, although the same person is preferable).

*Not directly addressed in the community health worker program and will not be measured. However, it is stated here to highlight other barriers to health among the Latino population and could be addressed in further research or programming.

Log Frame:

Through this Monitoring and Evaluation protocol, the Health Promoters and Educators will be clinic-trained in the collection of the specified Monitoring and Evaluation data for the evaluation of the effectiveness of the health education program among those attending the sessions, and the data from patient charts and clinic records will be collected by trained Health Educators in the clinic. The data will then be entered into a database and analyzed in the clinic by trained Middlebury Students and checked by clinic staff to look at the effectiveness of the program in prevention behaviors among those attending the education classes, and the overall disease prevalence compared to clinical records from Porter Hospital, used as a control. The results will be presented to the board semi-annually.

	NARRATIVE	INDICATORS	VERIFICATION	ASSUMPTIONS
GOAL	Goal1. Contribute to the reduction of preventable disease and injury prevalence in the Latino community near Addison County Vermont by 20% over the next three years	G1.1. A 20% decrease in the diagnosis of Sexually Transmitted Diseases, Hypertension, Type 2 Diabetes, Food-Borne gastrointestinal infections, and Cavities in Latino population in Addison County, Vermont as compared to Porter Hospital.	G1.1.1. The data from the clinic will show the number of patients with a specific diagnosis of Sexually Transmitted Diseases, Hypertension, Type 2 Diabetes, Food-Borne gastrointestinal infections, and Cavities. The goal will be an overall 20% decrease in diagnosis It will be synthesized each year compared to Porter Hospital.	We are assuming that there are no undiagnosed cases of preventable disease and illness. We are assuming a semi-stagnant population for comparison over three years. ** We are assuming we are capturing all care seeking behavior for farm workers though the clinic and partnerships and reporting from other providers
PURPOSE	Purpose 1. Increase in the number glucose test, STD test, well exams and teeth cleanings, by 25% among the Latino population	P1.1. 25% increase in the number of patients seen at the clinic for screening and detection tests for preventable disease in injury, among reported every six months. P1.2. There will be a statistically significant difference in care seeking behavior among those who have interacted with the Community Health Promoters and those who have not	P1.1.1 An increase of 25% of people visiting the clinic for preventative screenings and well exams seen in the clinic within 6 months. P1.2.1 The patient charts will be reviewed by simple random sampling, stratified by interactions with the Health Promoters and analyzed to compare to the prevalence of preventable disease and injury between those who have interacted with the Health Promoters and those who have not. This will be analyzed each 6	We are assuming they are not seeking care elsewhere. We are assuming the clinic has the availability for this increase in patients. We are assuming this decrease is due to the Health Promoter program. We are assuming the lower

			months.	prevalence of preventable disease and injury is due to interactions with the Health Promoters.
OUTPUTS	<p>Output 1. Increased access to screening and detection medical services by 25% among the farm worker population.</p> <p>Output 2. At least 75% of community members who attended one of the Community Health Worker education class show increased acknowledgement and understanding of the daily health and safety precautions and prevention behaviors, including seeking timely and appropriate medical care.</p> <p>Output 3. At least 75% of community members who attended Community Health Worker class show increased knowledge and understanding of the health and safety risk factors and signs and symptoms of preventable injuries and diseases.</p>	<p>O1.1. There will be at least 25% increase in the number of preventative appointments and screenings.</p> <p>O2.1. At least 75% of community members who attend a Community Health Promoter education class will show a difference in knowledge base on preventative disease and injury pre and post participation in the class.</p> <p>O. 2.2 There will be a statistically significant difference in care seeking behavior among those who have interacted with the Community Health Promoters and those who have not.</p> <p>O3.1 At least 75% of community members who attend a Community Health Promoter education class will show a difference in knowledge base on health and safety risk factors and signs and symptoms of preventable injuries and diseases. Pre and post participation in the class.</p>	<p>O1.1.1. The patient charts will be reviewed by simple random sampling and analyzed to compare to the rate of preventative appointments and screenings from the same months from the year before. This will be analyzed each 6 months.</p> <p>O2.1.1. Pre/post testing about knowledge and understanding of disease and injury prevention every class for the participants to evaluate their gain in knowledge. The goal is a 50% increase in knowledge in the posttest compared to the pre test These test results will be reported every 3 months.</p> <p>O 2.2.1. The patient charts will be reviewed by simple random sampling, stratified by interactions with the Health Promoters and analyzed to compare to the rate of preventative appointments and screenings between those who have interacted with the Health Promoters and those who have not. This will be analyzed each 6 months.</p>	<p>We are assuming that the random sampling will be representative of the population.</p> <p>We are assuming that the population characteristics that can be confounders will be relatively the same from one year to another.</p> <p>We are assuming that the test is an accurate measure of knowledge attainment.</p> <p>We are assuming that the increase in preventable disease and injury screening appointments is due to interactions with the Health Promoters.</p>

			<p>O3.1.1. Pre/post testing about knowledge and understanding of health and safety risk factors and signs and symptoms of preventable injuries and diseases every class for the participants to evaluate their gain in knowledge. The goal is a 50% increase in knowledge in the posttest compared to the pre test These test results will be reported every 3 months.</p>	
<p>ACTIVITIES</p>	<p>Activity 1.1 Ten Community Health Promoters organize rides for health appointments Activity 1.2 Community Health Promoters introduce new workers to the health resources available Activity 1.3/2.1 Community Health Promoters refer people each month to the Open Door Clinic for a medical screening. Activity 2.2 Community Health Workers educated for the population about the signs and symptoms of preventable diseases and injuries. Activity 3.1 Ten Community Health Promoters educate the population about risk factors of preventable diseases and injuries.</p>	<p>A1.1 Each Community Health Worker will make phone calls or talk to drivers from the community to find 5 rides a month for a farm worker going to a medical appointment. A1.2.1. The Health Promoters will report how many people they have introduced to the health system and how many new farm workers there are. The goal is that 75% of new workers will receive an orientation and a packet. A1.3.1/2.1.1 The Community Health Promoters will report how many referrals they have made each month. The goal is 10 referrals each month. A2.2.1. The health education classes will have a sign in sheet to count the number of participants in each class. The goal will be to have a combined attendance for all 10-health classes of 75 people. (This could be the same 8 people for 10 classes, or 75 distinct people without repeating, although the same person is preferable).</p>	<p>A1.1.1. The Community Health Promoters will report the number of rides they organized each month. A1.2.1.1. The reports will be compared to the number of welcome packets each Health Promoter has requested. A1.3.1.1/2.1.1.1 The Community Health Promoters will report the number of referrals they made each month to the Open Door Clinic. A1.3.1.2/2.1.1.2 The Clinic will note on the patient schedule if the patient is a referral from the Health Promoter to be compared to the reports from the Health Promoters. This will be analyzed every 6 months. A2.2.1.1 The Community Health Promoters will meet with an Open Door Clinic staff member at the beginning of the education sessions and after the 5th class to commit to the dates of the classes and to turn in the attendance sheets and to talk about the</p>	<p>We are assuming the Community Health Workers will be diligent about reporting attendance and meeting schedules</p> <p>We are assuming that both the Community Health Workers and the patients will not lie about participation in the program</p> <p>We are assuming that either the doctor of the secretary will remember to make note of possible referrals.</p> <p>We are assuming the Community Health Workers will not be leaving. We are assuming that most of the population is staying.</p>

		<p>A3.1.1 The health education classes will have a sign in sheet to count the number of participants in each class. The goal will be to have a combined attendance for all 10 health classes of 75 people. (This could be the same 8 people for 10 classes, or 75 distinct people without repeating, although the same person is preferable).</p>	<p>success and failures of each of their goals.</p> <p>A3.1.1.1 The Community Health Promoters will meet with an Open Door Clinic staff member at the beginning of the education sessions and after the 5th class to commit to the dates of the classes and to turn in the attendance sheets and to talk about the success and failures of each of their goals.</p>	
--	--	--	---	--

Appendix 3: Health Curriculum

Health in Action:
The Community Health
Worker Program for the
Open Door Clinic,
Middlebury, Vermont

Table of Contents:

Welcome to Health Promoters and Educators	6
Lesson 1: The Health System in the United States	12
Lesson 2: Going to an Appointment	17
Lesson 3: Occupational Health Risks and Prevention	22
Lesson 4: Home Health	28
Lesson 5: Prescriptions and Other Medications	32
Lesson 6: Nutrition and Chronic Disease	37
Lesson 7: Risky Behavior	42
Lesson 8: Reproductive Health	46
Lesson 9: Oral Health	49
Lesson 10: Mental Health	52
Pre/Post Quizzes	55
Pre/Post Quiz Answers	59
Handouts	63

Welcome to the Open Door Clinic Community Health worker program. We are very excited and thankful for your participation in this program. Through the next few meetings and trainings, you will learn the skills necessary to work as a liaison between the Open Door Clinic and the farmworker community to work towards better health outcomes through holistic health education, more health prevention, and promotion of access to care in Addison County through both one on one interactions with workers suffering from health issues and health education and prevention meetings with groups of workers. The hope is, as a community health promoter, you will become the organizer of interactions between the health clinic and the farm worker population as well as facilitator of meetings and discussions around health needs in the community.

We are very excited to be working with you and look forward to seeing what this health promoter program can bring to this community and the Open Door Clinic. We thank you once again for your participation and enthusiasm.

Sincerely,

The Open Door Clinic Staff

To the Health Educators:

Thank you for your interest in participating in the Community Health Promoter Program as a Health Educator. Your Role as a Health Educator is to lead 10 health education classes to members of the Latino farm worker community with the assistance and support of one of the Community Health Promoters. The eventual goal is that the community health promoters, through assisting with lessons will become confident enough to lead teach to make this program an entirely community based program. However, due to a variety of factors, we feel that it is best to begin with Health Educators working with the Health Promoter to teach, and through this process, work to empower the health promoters and their own comfort teaching. You are committing to teaching 10 education classes to at least one farm in the next 6 months. How you go about scheduling that time is based on your availability, the schedule of the Health Promoter, and the schedule of the farm to which you would like to teach. We hope that this position allows you to connect with members of the Latino community, practice teaching and health promotion skills, and work on community organizing and personal empowerment. We thank you so much for your interest and look forward to working with you.

Sincerely,

The Open Door Clinic Staff.

Health Promoter Introduction Class

Before beginning, tell each Health Educator which Health Promoter they will be working with. Have them sit next to each other and answer the following questions for each other:

1. *Their name*
2. *How long they have lived in Vermont*
3. *Where they are from originally*
4. *What their favorite food is.*

Icebreaker: Human knot game: Everyone stands in a circle and puts their right hand into the circle and grabs someone else's hand. Then they extend their left hand out and grab someone else's hand. They are then told to untangle themselves without letting go of each other's hands. They will need to talk through what needs to be done. When they are all untangled, tell them that much like they needed to communicate with each other to untangle the knot, they will need to communicate with each other, the farm workers and the clinic to have the health promoter program be a success.

Have each health promoter introduce the Health Educator and each Health Educator introduce their Health Promoter pair, saying:

1. *Their name*
2. *How long they have lived in Vermont*
3. *Where they are from originally*
4. *What their favorite food is.*

All promoters and volunteers can then be seated. Pass out welcome packets and health promoter manuals.

As a health promoter, you will have three roles within the community:

1. Welcoming and orienting new workers to healthcare options in Addison County
2. Providing referrals and organizing transportation to the healthcare facilities
3. Leading health education classes on 10 different health topics.

Welcoming and orienting new workers to healthcare options in Addison County

You will be providing new workers with a welcome packet so that they may become aware of the network and options available for their healthcare and social service needs.

This packet will include:

1. A directory to the various healthcare options around Addison County
2. A directory to the various contacts for transportation needs, including the community health worker contacts.
3. Information about upcoming health classes, health fairs, and other outreach opportunities

4. A directory to other non-affiliated social service organizations for their other, non-health specific needs.

Firstly, lets begin by talking about the healthcare options in Addison County

Does anyone know what health facilities are available in Addison County?

1. Open Door Clinic
2. The Federally Qualified Health Center in Bristol
3. Porter Hospital/Emergency Department

A Hospital is large medical facility that houses doctors, nurses, and other staff. It is used mostly for serious diseases, surgery, and very complicated cases or injuries

Within the hospital is the emergency department. Anyone can be seen there and there is access to all testing that the hospital has. You can go from the Emergency department into the hospital. It is very expensive but good for serious emergencies or complicated diseases. You do not need an appointment, but the wait time can be long.

The Porter hospital is a small hospital located in the town. It also has an emergency department

Federally Qualified Health Centers provide simple medical appointments at a lower cost than the emergency room. They are open every day and can be contacted for an appointment. If there is a more complicated problem, they will refer patients to the hospital. The Federally Qualified Health Center is a good choice if you need an appointment on a specific day or when Open Door Clinic is not open for clinic visits. There is a Federally Qualified Health Center in Bristol and in Shoreham. Both are in Addison County.

Free Health Clinics, such as Open Door Clinic, are unique organizations that provide free healthcare to people without insurance. Some do not have access to testing for complicated illnesses.

Open door clinic is a free clinic in Addison County right next to the hospital. It provides free doctors appointments, and has access to some of the resources at the hospital for free testing for more complicated disease. They have clinic appointments every Tuesday and Thursday night and one Friday each month. You must call to make an appointment!

What differentiates these three facilities?

1. Price
2. Availability of appointments
3. Access to more complicated testing

What makes these facilities the same?

1. They all will see you regardless of documentation status

2. They all are required to provide an interpreter
3. They all are required to allow you to make your own decisions about your medical care
4. They all may refer you to another healthcare facility based on your need.

Any Questions about the various health facilities in Addison County?

Providing referrals and organizing transportation to the healthcare facilities

As community health workers, you will serve as referral agents between the clinic and hospital and the workers. Using the packet, you will be able to suggest to the workers how they can take care of their problem. Based on your experience and the packet, can suggest things such as “People who I have seen who have had this problem have....”. If you do not know the answer to what should be done, you can call Open Door Clinic or suggest the patient call to be triaged by a case manager/nurse.

Lets practice using the Migrant Worker Health Booklet.

A worker comes to talk to you who has had diarrhea. He has had no blood in his stool, but has a fever, body aches, and nausea. What do you tell him to do?

Answer: Change to the BRAT diet: Banana, rice, applesauce, toast.

Drink ORS

Take low dose Tylenol if needed to reduce fever and body pain.

Reduce alcohol, caffeine, and dairy intake.

If symptoms last longer than 7 days, call the clinic for an appointment.

A worker comes to you complaining of itchy skin. He had to walk a different way home the other day through the woods. He has red spots on his lower legs. What do you do?

[Answer] This can be caused by poison ivy, which can be identified by 3 leaves. He needs to avoid scratching, apply calamine lotion (which can be found at the store without prescription) and an ice pack. It will heal on its own. He needs to wash all his sheets and clothes that the plant oil may have touched.

Ask a health promoter to come up with an example from the packet to propose to the rest of the promoters.

(Optional if no one wants to propose another situation)

In the afternoon of a long day of work in the summer, a man comes to you complaining that he feels hot. He is not dizzy and does not have a headache or nausea. You move

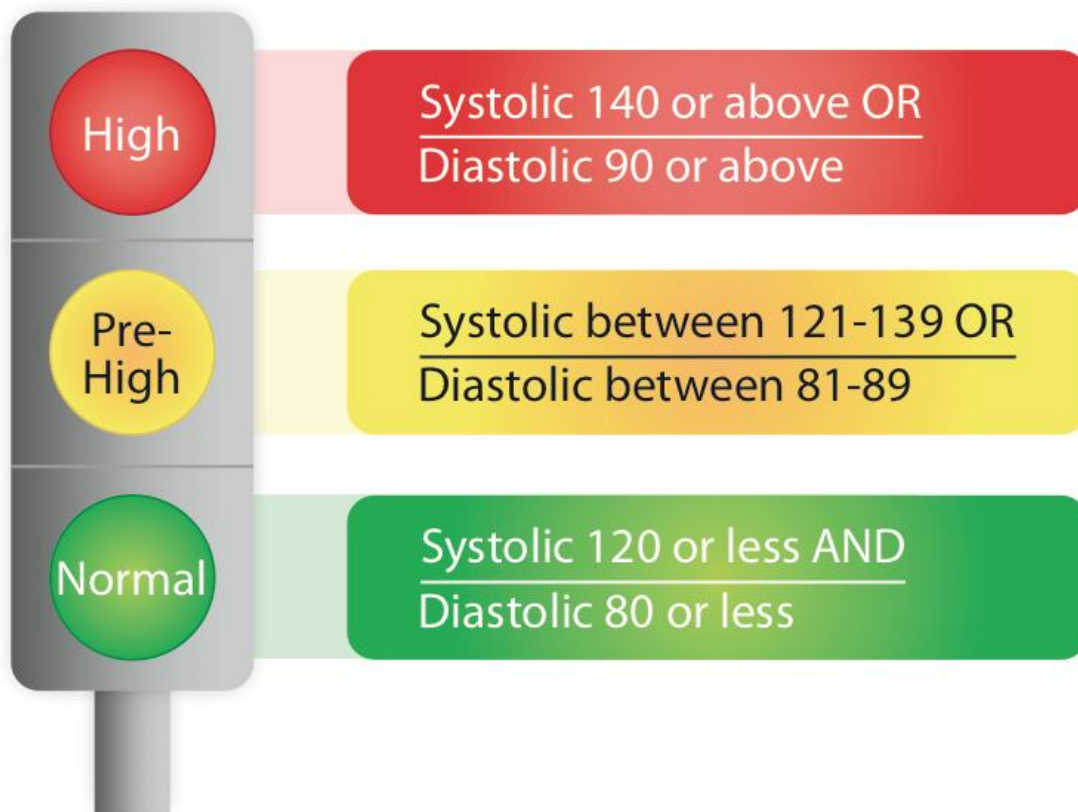
him to a cool area and give him water, but he does not seem to get better. What do you do?

[Answer] Take his temperature. If it is above 104 F, send him to the hospital right away.

If there are blood pressure cuffs to hand out, give them out at this time.

We are also going to train you on how to use a blood pressure cuff. A blood pressure can tell us a lot about the situation. A normal blood pressure for an adult is 120/80, but everyone has a slightly different pressure and pressure can vary depending on activity, time of day, and caffeine intake

When taking blood pressure. Ask the person to sit comfortably with both feet on the ground and arms at their side. Put the cuff around the upper arm, and push the button. Numbers will flash and the cuff will pump up. Wait until the numbers stop flashing and the cuff is deflated. That is the blood pressure of the person. You can now practice with a partner. The diagram for normal blood pressure is in the manual. If the pressure is in the red, call the nurse at Open Door Clinic right away to triage the worker. If the pressure is not in the red, you should always instruct people to tell the nurse their pressure when they call if they know it.



Allow time to practice with a partner.

Any Questions about the manual or about the blood pressure cuffs?

Transportation is another huge barrier to healthcare among farm workers; however, there are many volunteers and opportunities for rides.

How do you get to the clinic?

1. Ask your employer for a ride if you feel comfortable
2. Other workers
3. Amistad- Call the Open Door Clinic to arrange for free transportation to medical appointments.

Any questions about transportation?

Leading health education classes on 10 different health topics.

(This part of the program will include Health Educators) As a health promoter, you will also be asked to facilitate 10 different health education classes in the next 6 months to provide information to the workers about various health topics. We are starting out with having the Health Educators leading the education classes, with your help. But as you become more comfortable and if you have the time, you are encouraged to take on more of the teaching responsibility. Both the Health Educator and the health promoters should be involved in the education sessions. The topics we are going to cover are:

1. **The Health System in the United States**, which is a brief summary of the various health facility options there are in Addison County and directions on how to make an appointment.
2. **Going to an Appointment**, which will cover transportation, talking with your employer, the use of interpreters, confidentiality, and the importance of keeping track of your medical history.
3. **Occupational Health Risks and Prevention**, which will look at the risks of working on a farm, such as exposure to pesticides, heat risks and hazardous plants and animals in Vermont, and prevention, such as preventing back injury and staying safe in the sun,
4. **Home Health**, which will cover hand washing, storing food, and staying safe in the winter.
5. **Prescriptions and Other Medications**, which will cover how to get medicine in the United States and how to take medicine safely.
6. **Nutrition and Chronic Disease**, which will discuss eating healthy as well as diabetes and hypertension.
7. **Risky Behavior**, which will cover the risks of tobacco, alcohol and drug use and how to talk to someone about their behavior.
8. **Reproductive Health**, which will be taught to men by men and to women by women and will cover issues of sexuality, STIs in the community.

9. **Oral Health**, which will cover the importance of brushing teeth and flossing.
10. **Mental Health**, which will cover common mental health issues, such as isolation and depression and the resources available for these issues.

During further training sessions, we will show you how each of these sessions will go. Each session will be about 20 to 30 minutes. You can look through your health promoter manual to see the curriculum and the script for each class. The script is designed so that you will have a template to follow during class, but you should not just read the information out loud. You should review the script and follow along with the questions and topics, but can make the class your own. Make it entertaining!

Before each class, you will give the participants a pre-test that will consist of 5 to 10 true false questions and each participant will mark a T or F on a slip of paper, write their name and turn it in before you start teaching. After class, you will give the exact same test to the participants so we can see how much they have learned from the class. Please keep all of these papers organized in your folder so that we can see if people are learning from these lessons once the first few classes have been done to see if people are grasping the most important ideas of the lessons.

The sentences in the lesson plan in bold are questions you can ask to the participants. Once you have asked the questions and people have engaged and responded you can use the paragraphs under the question to further explain the answer.

How you go about holding your classes will be entirely up to you. You will meet with an Open Door Clinic Nurse to go over your plan in the next few weeks for where you will hold your sessions and how frequently. For some of the farms in which you are working, it may make sense to hold the classes between shifts. For others, you may want to hold two different classes. Some of you may want to teach one every week for 10 weeks, while others may want to teach one every three weeks. The goal is simply that each of you will have given these classes to 15 to 25 workers 6 months from now.

Any questions about the health education sessions?

Thank you all for coming today! We look forward to working with you. Please sign up for a time to meet with Julia or me in the next few weeks to talk about how you are going to teach your sessions.

LESSON 1: INTRODUCTION AND APPOINTMENTS

Prior to beginning: As participants arrive, you may wish to start by writing down all of their names on an attendance sheet.

Materials:

Contact information for Open Door Clinic and the Health Promoter
Handout 1.

Welcome!

1. Talk about your personal background, and why you became interested in health and medicine.
2. Talk about why you decided to participate in this program.
3. Explain your role, e.g. I will work side-by-side with you for the next few months to:
 - Teach you about how to find medical care in Vermont and how to adopt healthy behaviors.
 - Get to know you so I can help you find the information you want to get out of this program.
 - We'll do fun activities every class.
4. Ask the participants to introduce themselves. You may ask them to share something such as like how long they've been in Vermont for, or one thing they are hoping to learn.

Provide an overview of the program

[To participants] We'll have 10 classes together (including this one).

The topics we are going to cover are:

11. **The Health System in the Untied States**, which is a brief summary of the various health facility options there are in Addison County and directions on how to make an appointment.
12. **Going to an Appointment**, which will cover transportation, talking with your employer, the use of interpreters, confidentiality, and the importance of keeping track of your medical history.
13. **Occupational Health Risks and Prevention**, which will look at the risks of working on a farm, such as exposure to pesticides, heat risks and hazardous plans and animals in Vermont, and prevention, such as preventing back injury and staying safe in the sun,
14. **Home Health**, which will cover hand washing, storing food, and staying safe in the winter.

15. **Prescriptions and Other Medications**, which will cover how to get medicine in the United States and how to take medicine safely.
16. **Nutrition and Chronic Disease**, which will discuss eating healthy as well as diabetes and hypertension.
17. **Risky Behavior**, which will cover the risks of tobacco, alcohol and drug use and how to talk to someone about their behavior.
18. **Reproductive Health**, which will be taught to men by men and to women by women and will cover issues of sexuality, STIs in the community.
19. **Oral Health**, which will cover the importance of brushing teeth and flossing.
20. **Mental Health**, which will cover common mental health issues, such as isolation and depression and the resources available for these issues.

Each time we meet, we will discuss one of these topics and do an activity to show you how to use the information. The next week, you can come back with any questions you may have.

Let's look at what is important to you and what you want to get out of the program.

- Where do you currently find health care?
- Do you see the same person each time you go to the doctor?
- What are your concerns about health?
- Are there any concerns you have heard from friends?
- Are there any topics outside of the class subjects that are important to you?
- At the end of 10 weeks, what would you like to know?

Today, we will:

- Talk about the medical choices present in Addison County
- Talk about when to see a doctor
- Discuss how to make an appointment

Health Facilities in Addison County:

Does anyone know what health facilities are available in Addison County?

4. Open Door Clinic
5. The Federally Qualified Health Center in Bristol
6. The Federally Qualified Health Center in Shoreham
7. Porter Hospital/Emergency Department

A Hospital is large medical facility that houses doctors, nurses, and other staff. It is used mostly for serious diseases, surgery, and very complicated cases or injuries

Within the hospital is the emergency department. Anyone can be seen there and there is access to all testing that the hospital has. You can go from the Emergency department into the hospital. It is very expensive but good for serious emergencies or complicated diseases. You do not need an appointment, but the wait time can be long.

The Addison County hospital is a small hospital located in the town. It also has an emergency department

Federally Qualified Health Centers provide simple medical appointments at a lower cost than the emergency room. They are open every day and can be contacted for an appointment. If there is a more complicated problem, they will refer patients to the hospital. The Federally Qualified Health Center is a good choice if you need an appointment on a specific day or when Open Door Clinic is not open for clinic visits. There is a Federally Qualified Health Center in Bristol and Shoreham. Both are in Addison County.

Free Health Clinics, such as Open Door Clinic, are unique organizations that provide free healthcare to people without insurance. Some do not have access to testing for complicated illnesses.

Open door clinic is a free clinic in Addison County right next to the hospital. It provides free doctors appointments, and has access to some of the resources at the hospital for free testing for more complicated disease. They have clinic appointments every Tuesday and Thursday night and one Friday each month. You must call to make an appointment!

What differentiates these three facilities?

4. Price
5. Availability of appointments
6. Access to more complicated testing

What makes these facilities the same?

5. They all will see you regardless of documentation status
6. They all are required to provide an interpreter
7. They all are required to allow you to make your own decisions about your medical care
8. They all may refer you to another healthcare facility based on your need.

Any Questions about the various health facilities in Addison County?

When to See a Doctor

Sometimes it is hard to decide if you should see a doctor. If you want to see a doctor, you have to make an appointment. You may also need to take some time off from work. Many people think it is okay to take medicine they have at home. Taking medicine you have may not always help. It might even be dangerous. So, how do you know if you really need to see a doctor right away, or if you can wait? It is important to look out for any signs and symptoms you may have.

Common signs and symptoms to look for:

- You have trouble breathing.
- You have a bad cough lasting more than a few weeks.
- You are dehydrated. This means that your body does not have enough liquids to keep working well.
- You feel shaky and tired all of the time.
- You have a high fever or chills.
- You have a lot of pain, which gets in the way of your every day activities.
- You feel dizzy. Dizzy spells can be very serious and harmful.
- You recently lost or gained a lot of weight without wanting to.
- You cannot sleep at night. This has lasted for more than a few weeks.

You can wait to see a doctor if you have a runny nose for a few days or a small cut on your arm. Things like this can heal themselves in a few days. But, if any of your signs and symptoms last a long time, it is always good to see a doctor. Sometimes waiting to see a doctor can make an illness or injury worse. If you are unsure, call the clinic and ask to speak to a nurse.

How to make an appointment

In most of our home countries, you could just show up to a doctor, like you can with the Emergency department. However, there are many times in the United States when an appointment is needed.

An appointment is a scheduled time when you will meet with a doctor. When you are sick or need to talk to a doctor, you must call the doctor's office and make an appointment. At any clinic, you **must** have an appointment to be seen.

Can you tell us how to make an appointment at the Open Door Clinic?

You can do it on the telephone. How soon they make your appointment usually depends on how serious your illness is and what is available. **If it is VERY serious, you should go to the emergency room. You do not need an appointment. If it is extremely serious, call 911 on a phone and an ambulance will take the person to the hospital.**

Can you make a telephone appointment even if you don't speak English?

Yes! Most of the time the Open Door Clinic has someone who can speak Spanish. If they do not speak Spanish, they will connect to a language line that will interpret your conversation for you. We will discuss the use of a language line or interpreter next class. You will be given a specific time and date to go to the clinic.

When you are making your appointment, you may be asked what day and time you are free. They will also want to know what health problem you have. They may ask the name of the doctor you usually see. It's okay if there's something you don't know. Then, you will be given a day and a time when you can come to the office. Make sure you don't forget it!

What should you do if you feel better before you see a doctor or you have a scheduling conflict?

You **must** call the doctor's office back and cancel the appointment **at least one day before**.

Matching game: Distribute handouts or cards with the Open Door Clinic's number and the handout for the activity (See handout 1). They will be asked to match the gravity of the illness with the health center they should visit, the amount of money, and the need for an appointment.

<i>Gravity of issue</i>	<i>Where to access care</i>	<i>Cost</i>	<i>Appointment?</i>
<i>Very serious</i>	<i>Open Door Clinic</i>	<i>\$\$</i>	<i>Yes</i>
	<i>Emergency Department</i>	<i>\$</i>	<i>No</i>
<i>Serious</i>	<i>FQHC</i>	<i>\$\$\$\$</i>	
	<i>Hospital</i>	<i>\$\$\$</i>	
<i>Mildly Serious</i>			
<i>Not serious</i>			

Answers:

<i>Very Serious</i>	<i>Emergency Department</i>	<i>\$\$\$\$</i>	<i>No</i>
<i>Serious</i>	<i>Emergency Department/ FQHC</i>	<i>\$\$\$\$/ \$\$\$</i>	<i>No/Yes</i>
<i>Medium</i>	<i>FQHC/ ODC</i>	<i>\$\$/\$</i>	<i>Yes</i>
<i>Not serious</i>	<i>FQHC/ODC</i>	<i>\$\$/\$</i>	<i>Yes</i>

Review the answers and why.

Why would you choose to go to the FQHC instead of the ODC?

The FQHC is open more days during the week.

Review this meeting's key points.

The key points are:

- To see a doctor, you **must** make an appointment.
- There are a variety of options for medical needs.
- If you are late to your appointment the doctor may not see you.
- If you can't come to your appointment, you must cancel!

Ask the group if they have any questions. Set the date and time for the next meeting.

LESSON 2: TRANSPORTATION, INTERPRETERS, AND APPOINTMENTS

Prior to beginning: As participants arrive, you may wish to start by writing down all of their names on an attendance sheet.

Welcome the group.

The OBJECTIVES of this lesson are:

- Learn about transportation options
- Learn how to negotiate with an employer about appointments
- Learn more about interpreters
- Learn what “consent” means
- Learn what “confidentiality” means
- Learn about taking and active role in care

Transportation

There are many options for transportation to the clinic.

4. Ask your employer for a ride if you feel comfortable
5. Other workers
6. Amistad- Call the Open Door Clinic to arrange for free transportation to medical appointments.

It is important that you organize transportation a few days to a week before your appointment so that you are not rushed to find a ride or are left without a ride and have to cancel your appointment.

Negotiating with an employer

Remember that it is in your employer’s best interest to keep you healthy so that he can have a worker. You should try to schedule your appointment when you do not have work, but if you have to miss work, you should tell your employer at least a few days beforehand. You should offer to arrange of a substitute, and find someone who could possibly replace you. Some employers even offer to drive.

Interpreters

The Role of Interpreters

If you don't speak English, it is very important to use interpreter at the doctor! Even if your English is pretty good, it may be a good idea to have an interpreter. The most important thing in an appointment is for you to understand what your doctor is telling you and for your doctor to understand you. Whenever you see the doctor, you have the **right** to an interpreter.

The interpreter is not a doctor or a health worker and they do not have health training. They should **only** translate, not provide their own advice.

Practice saying the word "Interpreter" and "I do not speak English."

There are a few different kinds of interpretation services that you will be exposed to at medical facilities (if the doctor does not speak your language).

1. An person interpreter is an interpreter may be present in your room to listen to your conversation and repeat the conversation and questions to you and the doctor. Depending to the resources of the medical facility, this may not be available to you.
 - a. When using an in-person interpreter, try to speak not to the interpreter, but to the doctor. The interpreter will translate exactly what you are saying and exactly what the doctors says. The interpreter is not a medical professional and cannot answer any of your medical questions. Remember that it is a conversation between you and your doctor, not you and the interpreter.
 - b. If you are uncomfortable with having another person in the room, you may request another form of interpretation.

2. Over the phone language lines: This method is by law always to be available. It involves a third person over the phone that will repeat the conversation to you and your doctor in English and your language of choice.
 - a. Try to speak clearly so the person on the other end can hear.
 - b. Remember in this case as well that it is a conversation between you and your doctor, not you and the interpreter.

Remember it is your right to have an interpreter. Both phone interpreters and in person interpreters cannot repeat anything they have hear outside of the appointment.

Can you use family members as interpreters?

Your family should not interpret unless it is an emergency. If the doctor asks for a family member or friend to interpret and you do not want them to, you should ask the doctor for a professional interpreter or the phone line. **Do not be afraid to ask** – it is more important for you to be comfortable telling your doctor the truth.

How can you make sure you have an interpreter at your appointment?

Many clinics will need to arrange in advance to have an interpreter for your appointment. Open Door Clinic knows most patients need an interpreter, but make sure you tell the office you will need an interpreter when you make your appointment!

Do you have any questions about the role of interpreters?

Consent

**Did doctors ask for patient’s opinions? Did they share details about procedures?
Did they ask the patient for input in designing treatment plans?**

Does anyone know what “consent” means?

In the US, you do not have to do what the doctor tells you to do, although, unless you have an important reason not to, it is usually best to listen to your doctor. Consent means that you must agree with anything your doctor recommends before it can be done. You should ask as many questions as you need to in order to make the best choice and then give consent.

Can anyone think when a doctor in the United States has asked for consent before doing something?

You must give consent before the doctor can do anything. It may be for a test, like an MRI. It may be for a procedure, like surgery. Or it can just be for a basic exam, like looking at your stomach or listening to your heart.

How do you give your consent?

Many times, to give consent, you need to sign your name on a paper. For smaller things, they may ask you. For example “is it okay if I listen to your lungs?” You can **always** say no!

Parents can give consent for their children if the children are less than 18 years old. Family members can give consent for their sick relatives if the patient is too sick to do it him or herself.

What happens if you need an emergency procedure and cannot give your consent?

If you are unconscious or unable to communicate, your doctors will try to contact your emergency contact or a family member! If doctors cannot find anyone in your family, they can and will give you the treatment they think you need to save your life without your consent.

You should only consent to something if you have talked about it with your doctor, you understand what the doctor is saying, and you want the treatment that the doctor is recommending. Things you may want to know include:

- Why this procedure is necessary?
- Are any other options?
- What are the risks?
- How much does it cost?

Would you tell your doctor you didn't want a procedure if you disagreed with them?

The most important part of consent is to understand what you are agreeing to. Ask as many questions as you need to.

Are any questions about what consent is?

Confidentiality

What does confidentiality mean?

Confidentiality means that whatever you say to the doctor cannot be repeated or shared with anyone who does not need to know. His family will not know, but he may tell the nurse that is in charge of you in the hospital for example or ask other doctor's advice.

Have you ever lied to your doctor or hid something from them?

You need to answer all of the doctor's questions, even if they are personal or embarrassing. They need the answers to take care of you. Because of confidentiality, they will not share this information with anyone that does not need to know.

There are only a very few times when a doctor can tell other people private information. If you are younger than 18 years old, the doctor can tell your parents information about your health. But they will usually ask your permission first!

A doctor can tell the police if they think that their patient is in danger from someone else. For example, if they suspect that someone has been abused at home. They can also share information if they think a patient is dangerous to himself or herself or someone else. For example, if they think someone might try to murder someone else, they can call the police.

Can your interpreter go home and tell his family anything that he heard about you?

Interpreters at the doctors are professionals. They have the same rules as doctors. They may not share any of the information that they hear or translate at your meeting. If you know your interpreter and do not want them there, you can ask for a different one.

**If you tell your doctor something, whom can your doctor tell?
Do you have any questions about confidentiality?**

Taking and Active Role in Care

Do you remember the name of the last doctor you saw or what your last diagnosis and treatment was?

It is important to take note of what doctor you are seeing, where you are seeing them, and what they diagnose as your illness. A medical history can tell a doctor seeing you years later a lot about what the possible illness could be. Doctors also call one another to discuss patients to get a better idea of what is going on. You never know when something you see the doctor for tomorrow will still have an impact on your health years later.

When you see the doctor:

1. Ask for a business card with the doctor's name on it.
2. Ask for a copy of all of the lab work and prescriptions
3. Staple these together and keep them in a safe place at home.
4. Bring them to each doctor's appointment.

1. Review this meeting's key points.

- There are many options for transportation: your employer, friends, Amistad, connections from the health promoter, and contacting Open Door Clinic.
- You must tell your employer you have an appointment and ask for the time off.
- Consent is what you give to your doctor when you sign a paper or tell the doctor s/he is allowed to perform certain tests or treatments on you.
- You have the right to an interpreter at the doctor's office! Unless your English is perfect, it is usually a good idea to get an interpreter. Interpreters must obey the rules of confidentiality.
- Even when using an interpreter, the conversation is between you and your doctor. An interpreter is just there for the language barrier and should not and cannot insert his/her own opinion.
- Open, honest communication is **crucial** to having a good relationship with your doctor.
- What you tell the doctor or nurse cannot be told to anyone else under the rules of confidentiality.

2. Ask the group if they have any questions. Set the date for the next meeting.

LESSON 3: STAYING SAFE AT WORK

Prior to beginning: As participants arrive, you may wish to start by writing down all of their names on an attendance sheet.

Welcome the group.

The OBJECTIVES of this lesson are:

- Learn about labor risks and preventing injury
- Learn about pesticides
- Learn about staying safe in the heat and sun

Labor Risk and Prevention

Can anyone tell me a way you can get hurt at work?

Getting kicked by a cow, getting stepped on by a cow, pulling a muscle, breaking a bone, falling.

All of those things are ways you can get hurt at work, but many of them can be prevented with proper precaution. There is always a risk when working with animals. They have a mind of their own and are very large. However, whenever possible, you should keep your distance from the cow. Use the proper procedures for securing the lactation equipment onto the cow. If you do not know the proper procedure, ask the farmer or one of your co-workers. Much of the training for working on the farm happens through practice, so if you have a question, ask one of the workers who has been here longer. Remember, we are all on a team to work hard, get the job done, and stay safe.

When you are climbing, try to focus on the climb and nothing else.

- Do not talk on the phone or joke around, pushing people around, while climbing.
- Make sure you have at least three points of contact, meaning three out of your four arms and legs on or holding onto the ladder.
- Make sure the ladder is securely in place before you climb on. A second to check the ladder could save you months of recovery from an injury.

Largely overlooked are the injuries that don't just happen in one instance, but happen over time, such as back pain and joint pain.

Can anyone give me an example of what could cause chronic back pain?

- Lifting things over and over

- Being in an uncomfortable position while working.
- Driving for a long period of time on a tractor or truck or any other farm machine that vibrates.

Although these circumstances are sometimes unavoidable working on a farm, you can do things to help prevent these injuries.

Can anyone give me an example of what they do to prevent back pain?

Stretch out your muscles before working in the field. This will warm the muscles up and prepare them for the tasks you need to do during the day. You should also stretch them out after work to relax them.

- When you carry heavy things, try to find someone to help you. If no one can help, try to divide the loads into smaller loads before you carry them. Try to use tools, such as a wheelbarrow or dolly to help you.
- Take breaks if possible.
- Do not use your fingers to carry objects when possible.
- Squat down to pick up objects, using your legs to lift. Do not bend at the waist and use your back.
- Carry things as close to your body as possible. This lessens the pressure in your arms and back.
- Spread your legs far apart when lifting something heavy. To help with balance, put one foot in front of the other.
- Do not lift anything above your shoulders unless absolutely necessary.
- Use kneepads to protect your knees.
- Take a moment occasionally to stand up and stretch your back.
- Wear comfortable shoes.
- Stand on something soft when possible.

Can anyone show me a good stretch for your back?

Are there any questions about hefty labor injury prevention at work?

Pesticides

What are pesticides?

Pesticides are chemicals that are sprayed on plants and soil to kill insects and weeds. Chemicals are helpful in taking care of plants. They can also be bad for our health when we come into contact with them. Sometimes it is very hard to see or smell the pesticides. But just because you cannot see or smell them, it does not mean the chemicals are not still there. They can get into your body through your skin, nose, mouth, or eyes.

What will you feel or see right away if I come into contact with pesticides?

- Your eyes may burn or itch.
- You may get a stinging feeling in your nose and throat.
- You may notice a rash, hives, or blisters on your skin.
- You may feel dizzy or like throwing up.
- You may have a headache.
- You may have diarrhea.
- You may feel sweaty.
- You may have pain in your muscles.
- You may drool.
- You may cough.
- You may have problems breathing.

How can you protect yourself from pesticides?

- Wear long pants, long sleeved shirts, closed toed shoes, and gloves.
- Wear a hat, protective eye wear, such as glasses, and cloth to cover your mouth, such as a handkerchief.
- Wash your hands and face right after using pesticides.
- Never put food on the ground or on clothing that has been exposed to pesticides.
- Do not go into an area recently sprayed with pesticides without protection. Try to avoid those areas if possible.
- Take off your clothes and shoes that you used when spraying pesticides before you enter your house. Shower right away.
- Do not play with your children until you have showered and changed after working with pesticides. They are very dangerous for children.

Are there any questions about pesticides?

Staying Safe in the Sun

What are the ways in which you can have a health problem from the sun and heat?

Sunburn, dehydration, and heat stroke are all common and possibly very dangerous health issues that come from working in the sun.

Sunburns:

Sunburns can be prevented with sunscreen or wearing protective clothing. Sunscreen should be reapplied every 4 hours. If you do get sunburned treat it with Aloe Vera to cool and calm the skin and cover the burned area from the sun.

Dehydration:

Dehydration occurs when someone does not drink enough water to replenish the water they are losing from sweating, breathing, and metabolizing. Seventy-five percent of our body is water, so it is a very important element to keep balanced. Everyone needs to

intake water, but because work on a farm is physically demanding and in the hot sun more often, farm workers must drink more water.

How much water do you think you need to drink each day?

You need to drink a liter every hour.

Can anyone tell me what some of the symptoms are?

When someone begins to get dehydrated, they feel thirsty, and they begin to decrease urine output. As someone becomes more and more dehydrated, they begin to feel some of the following symptoms:

Dry mouth, dry eyes, sweat stopping, muscle cramps, nausea, lightheadedness, weakness, decreased urine output, and heart palpitations are all symptoms of dehydration.

As the dehydration becomes more severe, there will be more confusion and weakness, and finally, a coma, organ failure, and death if dehydration remains untreated.

How do you treat dehydration?

If it is caught early on, replacing fluids lost can treat dehydration. This should be done by drinking a lot of water, eating clear broths, and Gatorade and PowerAde. With the water loss, other elements that make the body function, called electrolytes, are lost as well; Gatorade and PowerAde replenish this loss.

If someone has altered mental status or is extremely weak, you should call 911.

Simply drinking a lot of water can prevent dehydration. Take quick breaks throughout the day to drink water. Drink a lot of water when you wake up. A lot of water is lost during sleep without you realizing it. Drink plenty of water after work as well.

Alcohol and sodas are diuretics, which means it makes you more dehydrated. If you are drinking alcohol, increase your amount of water intake as well.

It is also important to remember that you can get dehydrated even when it is not hot out or you are not working in the sun if you do not drink enough water.

Do not drink soda to try to rehydrate.

Are there any questions about sunburns of dehydration?

Heat stroke:

When you are working hard and it is hot and humid outside, your body makes more heat than normal. Then your body temperature goes up. When this happens, your body can overheat. When your body overheats, it starts sweating. If you are sweating a lot, you

must drink lots of water and take rest breaks. This will help your body go back down to its normal temperature. If you do not do these things, you can get sick from the heat.

How do you know if you are getting sick from the heat? What should you do if you get sick?

Here are signs and symptoms of heat illness and tips on what to do. There are three levels, the Caution stage, the warning stage, and the danger stage:

In the “Caution” stage you have a mild heat illness. You need to treat it right away so you can get better quickly.

You may feel these things:

- Thirsty
- Tired
- You can't work as fast as you usually do.

Do these things:

- Rest in the shade.
- Drink a lot of water.
- Wait until you feel better to start working again.

If you are in the “Warning” stage, you are really sick. If you treat the signs and symptoms and you do not feel better, you should go to the doctor right away.

You can feel these things:

- Dizzy
- Throwing up
- Headache
- Cramps in your stomach, legs, or arms
- Exhausted

Do these things:

- Tell your supervisor about your signs and symptoms.
- Rest in the shade.
- Drink a lot of water.
- If you do not feel better after a while, or if you feel worse, go to the doctor.

If you are in the “Danger” stage, your body is in trouble. You might have the most serious type of heat illness, which is Heat Stroke. Heat stroke is a medical emergency. If you do not treat it, you can die. You need to go to the emergency room right away. Remember to keep an eye out for your co-workers. Heat stroke can make you so sick that you cannot take care of yourself.

You might feel some of these things:

- Your skin might be hot and dry and turn red.
- Your heart might beat really fast.
- You might have trouble breathing.
- You might feel confused.
- You might pass out.

Do this for the person with heat stroke:

- Take them to the emergency room!
- Ask your supervisor for help or call 911.
- While you wait for help, take the person inside or to rest in the shade.
- If the person is awake, give him/her water.
- If it is possible, pour cold water on his/her clothes and fan his/her body. If you do not feel better after a while, or if you feel worse, go to the doctor.

Thinking back to what we know about dehydration, and what we know about heat stroke, what Can You Do to Prevent Heat Illness?

- Drink a liter of water every hour, even if you are not thirsty.
- Do not drink alcoholic beverages, like beer, during workdays.
- Do not drink beverages with sugar or caffeine, like soda and coffee, while working. They make your body lose water.
- Take short breaks after every hour that you work. Taking a 5-minute break helps, especially on very hot days.
- Take breaks under a nearby tree or a shaded area. The shade helps you cool off.
- Wear light colored, cotton clothing, a shirt with long sleeves, and a wide brimmed hat.

Are there are questions about heat stroke?

The key points from today are:

1. Protect your back at work, by stretching after work, lifting by bending your knees to lift with your legs and not your waist, and not lifting anything heavier than you need to.
2. Make sure you know if you are working with pesticides, and if you are, wear protective clothing and eye and mouth protection.
3. Drink a liter of water every hour to protect yourself from dehydration and heat stroke.
4. Avoid soda, coffee, and alcohol during work.
5. If you are starting to feel strange, take a break and drink water.

Are there any questions from today's meeting?

Thank you for listening and participating in these health talks. If you have any questions, would like to make an appointment at Open Door, or would like to refer someone else, please contact Open Door Clinic staff or me.

LESSON 4: HOME HEALTH

Prior to beginning: As participants arrive, you may wish to start by writing down all of their names on an attendance sheet.

Welcome!

The OBJECTIVES of the lesson are:

- Talk about food safety
- Talk about hand washing
- Talk about parasites and GI issues
- Talk about communicable disease
- Talk about bed bugs
- Talk about what to do in the winter to keep warm

Safety in your own home is largely determined by your own actions. Many diseases can be prevented with good home health.

Food storage

How do you store food in your home?

Each year, millions of people get sick with preventable illnesses because they did not store their food properly. Storing and washing food correctly can prevent many serious health problems, some of which can result in death.

There are 4 Basic Steps for Food Safety.

1. **Clean:** You should always wash your hands in warm soapy water for 20 seconds before and after cooking. Wash your cookware and countertops in warm soapy water too. Especially when working with raw meat. Rinse your fruits and vegetables.
2. **Keep Separate:** Keep raw foods separated so that germs cannot spread between them. Most importantly, keep raw meat separate from other foods, even in the shopping cart and bags, If possible use a special cutting board for raw meat. If that is not possible, wash the cutting board with warm water after cutting raw meat. Germs can spread from one food to another.
3. **Cook:** Cook your food completely. The inside of all meat should be cooked to a safe temperature. For beef, pork, lamb, and fish it is to 62 C, and turkey, chicken, and duck is to 73C. You should use a food thermometer if possible. You cannot tell if the food is done just by looking.

4. **Chill:** Put food that needs to stay cold in the fridge as soon as possible. Do not let food stay out for more than 2 hours. Leftovers and food that is cooked early to be served later should not just be left in a covered pot, but should be refrigerated. Never thaw foods in the open air. Even though it takes more time, they should be thawed in the refrigerator. You can also use a microwave or cold water.

Hand washing

Germs are little living things that can be found in food, plants, and animals. They can also be in the soil, in the water, and in many other places. There are many types of germs. Each type can cause different kinds of health problems like a cold and diarrhea. It is important that you learn how germs can get into your body, and why you should wash your hands to keep germs away.

Examples of how germs can get into your body and make you sick:

- If you go to the bathroom, and you do not wash your hands before you eat, the germs on your hands can get into the food you eat and can make you sick.
- If you touch raw foods, then eat something without washing your hands, you can get germs from the raw food.
- If you touch someone, without washing your hands after changing a baby's dirty diaper, you can pass germs to that person.
- If you have a cold and you sneeze or cough, you can pass the germs to the people around you, and they can get sick like you.
- If you have open cuts or wounds, germs may enter your body and make you prone to infection and disease.

When and how to wash your hands

An easy way to prevent some of the diseases caused by germs is washing your hands. Here are some tips on when and how you need to wash your hands.

Wash your hands **BEFORE** and **AFTER** eating, feeding a child or another person, touching food - especially raw food, touching cuts, sores, or rashes, taking care of a sick person, doing work in the field or in a packing house, putting on gloves, or cleaning equipment.

Wash your hands **AFTER** using the bathroom, changing diapers, touching animals, touching blood or other bodily fluids, cleaning the house, or handling trash.

Some tips on how to wash your hands: use warm water and plenty of soap, scrub your hands together, away from the water, for about 15 seconds, rinse your hands and then dry them with a clean towel

If you cannot wash your hands with soap and water, use an antibacterial gel. This can also help you get rid of germs.

Any Questions about germs and hand washing?

Parasites, Abdominal Pain, and Diarrhea

Many of the issues that come from poor home health are parasites and gastrointestinal issues. This happens when there are germs or bacteria on your food because they have come from another place and not been killed through cooking. It could also be because there was bacteria on your hands when you are eating that then go into your body. Parasites cause abdominal pain, vomiting and diarrhea. A lot of the ingestion of parasites and bacteria can be avoided by following the prevention guidelines.

If you do find yourself with abdominal pain and/or diarrhea for more than a few hours, you must come to the clinic to be seen by a doctor. Your body can fight off some bacteria, but others need to be treated with an antibiotic.

Any questions about Parasites, Abdominal Pain, and Diarrhea?

Communicable diseases

How does a cold or flu spread from one person to another?

Most colds and flus are called viruses and are spread from one person to another through contact with bodily fluid. For example, if someone sneezes into the air, and you breathe in just a little bit of that air, you could get the virus and the cold could spread to you. That is why it is important to cover your mouth and nose when you cough and sneeze, and wash your hands when interacting with sick people. You should also try to limit your contact and time spent with sick people.

Bed Bugs

Do you know what bedbugs are?

Bedbugs are common household pests. Bedbugs bite people while they're asleep and cannot be seen in the day. Bed bug bites are very itchy and most of the time are seen in a straight line on your skin. During the day, bed bugs can hide in many places, not just your bed. They can hide in furniture, walls, or even in the floor.

Is it your fault if your house has bedbugs?

Do NOT take furniture left on the street into your home: It may have bedbugs. The bugs can leave the furniture and crawl to the rest of the house. Even if you get rid of the furniture, the bedbugs will stay.

How do you get rid of bedbugs?

Bedbugs are extremely hard to get rid of. It doesn't matter how clean your house is. Most of the time, you need to get a professional bug killer [*an exterminator*]. This can cost hundreds of dollars.

How can you prevent getting bedbugs?

Even used furniture you buy at a store may have bedbugs. If you buy a used mattress or pillows, it can be a good idea to seal them with a plastic zipped cover before bringing them home. You can get these at Wal-Mart or Home Depot. You need to leave the plastic on forever because bed bugs can live inside for a long time.

KEEPING WARM IN THE WINTER

Have any of you spent a winter in Vermont yet? Have any of you been cold in your homes?

It is common to get cold in the winter. Being cold is never good for your overall health. And having a leaky apartment will cost you lots of money in heating.

Does anyone know any ways to keep your home warmer during winter?

- See if you have storm windows (double windows). If you don't and you can't afford to change windows or you don't own your house, you can cover the windows with a plastic window insulation kit
- Turn down your thermostat when you leave the house to reduce heating costs.
- Repair broken windows and doors that let cold air in. If you are renting, this is your landlord's responsibility!

What are some tips for dressing to stay warm during the winter?

- Dress in many thinner layers so that you can add and take off clothing depending on the weather and the amount of activity.
- Have a waterproof outside layer to keep your clothes dry. Wet clothing is cold.
- Avoid cotton. Cotton does not dry quickly and will be colder than other materials such as wool or polyester.

4. Review this meeting's key points.

- If you have any conflicts with your landlord, there are many people who can help you! You have rights as tenants. Talk to Vermont Legal Aid or your caseworker.
- You should check if your house was built before 1978. If it was, make sure the landlord fixes any peeling paint! If your children have played with old paint, get them lead tested.
- Never take furniture off the street or you risk getting bed bugs
- Having bedbugs has nothing to do with your hygiene! It might not be your fault!

Ask the group if they have any questions. Set the date for the next meeting.

LESSON 5: PRESCRIPTIONS AND OVER-THE-COUNTER DRUGS

Prior to beginning: As participants arrive, you may wish to start by writing down all of their names on an attendance sheet.

Materials: Handout

Welcome!

Start by asking how everyone is doing and if they are enjoying the classes so far.

The OBJECTIVES of the lesson today are:

- Talk about prescription medications
- Learn what information is on a prescription label
- Learn about over-the-counter medications

Introduction to prescription medication

How did you buy medications in your home country?

Do any of you take medications here?

Some medications in the United States are prescription and some are “over-the-counter.” Prescriptions are written for medications that are more regulated in the United States. You must first see a doctor in order to get a written order to get the medicines. However, there are many medicines in the United States that are not regulated and you can buy without a doctor’s order in the supermarket or at the drug store. Some medicines can completely cure an illness and your doctor may only tell you to take them a short time. Other medicine may keep a long-term condition from getting worse and you may need to take these medicines for many years. It is important to take you medication exactly how the doctor or the instructions tell you to take them.

Medicines that you can buy without a prescription are cough suppressants, cold medicine, mild pain medication, anti-diarrheal, and sleep aids, as well as many others. Prescription medication is usually antibiotics, stronger pain, and sleep medication. Before seeing a doctor, you may want to try some over-the-counter medication, but if symptoms continue you will want to see a doctor. Even with over-the-counter medication, make sure you know what medication you are taking, how much you should take and when you should take it.

Why is it important to take your medications according to your doctor’s instructions?

Instructions for medications may be complicated, and you need to be sure you understand exactly how to take your medications and when. You may need to take them at a specific time of day. If you don't take enough medicine, your illness could get worse. Taking too much medication can be very dangerous.

If you start to feel better is it okay to stop taking your medication?

Your doctor will give you instructions. Sometimes you can stop taking medicine once you feel better, but other times you need to continue to take even after you feel better. This may be just a few days after you feel better, but it is important not to stop your medicine early. If you do not continue to take the medicine, your illness may come back or you may infect other people. Listen to your doctor.

Other medicines you may have to take for a long time to monitor your body and prevent you from getting sick. You will feel fine when you are taking this medicine, but once you stop you may start to feel sick or you may not feel any different until you are very sick and the illness is very serious.

SIDE EFFECTS

What should you do if you think your medicine is making you feel bad?

Medicine may have other effects that are unpleasant. Although medicines may help one problem, they may cause another one. For example, medications may make you feel nauseous or very sleepy.

If you have any unpleasant effects, tell your doctor. The medicine may not be working or the doctor may want to find you a new medicine. However, sometimes these effects are unavoidable and your doctor and you will have to decide if the benefits outweigh the negative effects.

GOING TO THE PHARMACY

Pharmacies do not usually have interpreters. The doctor will call the pharmacy to order the medication and will usually tell them to give the written directions in Spanish. You should bring the paper the doctor gives you as well so the pharmacy can double check and make sure you have the right medicine. You should also double check to make sure you have the right medicine. Make sure you understand how much medicine you are supposed to take and when you are supposed to take it. If you have any questions, ask a community health worker or call the Open Door Clinic.

THE IMPORTANCE OF KNOWING YOUR MEDICATIONS

When you go to the doctor or the hospital, the nurse and doctor will want to know what medicines you are taking. It is best to write down all your medications and bring this list with you. You can also bring the medicine bottles with you.

Do you have any questions about medications so far?

Reading a Prescription Label

The label on a medication bottle can tell you most of the important information about the medicine. Most of the time, if Spanish is your first language, the doctor will can request that the instructions for get for your prescription are in Spanish. If you get your medication and it is in English, ask for the directions in Spanish. If you don't understand what you are taking, how much you should take or why you are taking it, ask a friend for help or call the Open Door Clinic. It is very important to know how to take your medicine! For example, sometimes you must take medicine more than once per day or with food or it must be stored in the refrigerator. **YOU DO NOT WANT TO TAKE PRESCRIPTION MEDICATION INNCORRECTLY!** It is important to know the type of information that is on a label.

Most medication labels have the following information:

- Your name
- Your doctor's name
- The name of the medicine
- What date the medicine expires
- How many times you can take the medicine back to the pharmacy for a refill
- Directions on how to take the medicine
- Medication side effects and warnings

If you can't read your medication bottle, and don't remember the instructions, we've prepared this **handout** for you. It has a translated example of a medicine bottle.

Activity: Reading Prescription Bottles

Ask participants to look at handout, and read through each box to show what each part of the label means.

This is a fake prescription label to show what information exists of the label. The first thing to note is the name of the pharmacy and the address. This information tells you were you will need to return if you need refills. Nest to that is the phone number for the pharmacy if you have any questions. Below that is the name of your doctor who prescribed the medicine. This is important information to remember for your next doctor's visit and this label can help you remember. The number starting with no. 006 is the unique number that the pharmacy gives your prescription to identify it for refills. The name right under it, in this case, Jane Smith, is the name of the person who gets the medicine. Make sure it is your name. No one besides this person should take this medicine. The type in bold tells the instructions for when and how often to take this drug. In this case the instructions say to take one capsule by mouth three times daily for

10 days until all are taken. Amoxicillin, below that, is the official name and strength of the drug. Below that is the number of refills that you can have. To get the refills you just have to bring this bottle and label back to the pharmacy. Under that is the date that the medicine expires. The yellow tab next to this label is the list of adverse side effects and rules. Make sure you know what these symbols and warnings mean.

Then use handout to ask the participants the following questions about the prescription drug.

- **Can anyone find the name of the medication?** Amoxicillin
- **Can anyone find the name of the person this medication is for?** Jane Smith
- **How many pills should you take each day?** Three (one three times a day)
- **Are there special instructions on how to take this medicine?** For 10 days
- **Does the medication have any side effects?** (*These are usually colored stickers on the side!*) Yes. *Dizziness*
- **Is the expiration date for this medication on the bottle?** 6/23/12
- **What does the “number of refills” mean?** It is the number of times you can refill the bottle. In this case, it is none.

You may not need to go back to see your doctor every time you run out of medicines. Sometimes you can go back to the pharmacy to get more medication. This is the number of “refills” your medication has. Every time you refill your bottle, the number of refills will drop to zero. Before it gets to zero, you should make time to see your doctor again. This is important for medicines your doctor tells you that you will need to take for a long time.

If you ever have questions about your prescriptions, ask your pharmacist or your doctor or call Open Door Clinic.

Does anyone have any questions about the information on a prescription label?

Over-the-counter Medication

There are many medicines you can buy in the United States without seeing a doctor and without a prescription. They are less powerful medicines that cannot cure serious illness, but can make you feel better. They can make a headache feel better, help with muscle or bone pain, and help with an upset stomach. You can find them at grocery stores or drug stores. Since you don't need to see a doctor, you can go to the store and start feeling better right away.

The directions and labels on these medications are different than prescription medications. There's a maximum amount that you can take each day, such as no more than 12 a day. You only need to take these medicines when you feel like it and when you feel better you can stop taking them.

IF you do not feel better after a couple of day with these medicines, you should talk to your doctor or call the Open Door Clinic. Taking over-the-counter medicine needs to be done with caution. Many of them, if they are not used in the right way or with the right does, can harm your body or make you sicker.

Looking at the second page of the handout.

This is a label for non-prescription medicine. The active ingredient is the part of the medicine that actually has the effect. The uses state the symptoms of diseases that the drug treats. The warnings state when you should ask the doctor before taking the medicine and the possible sides effects. Below that are the directions, which you should read carefully. It tells you when and how often you should take your medications. If you don't understand the directions, ask someone for help! Other information provides more information on how to store the drug. The inactive ingredients are other things in the medicine such as colors for flavorings.

Review this meeting's key points.

- You should always take the medications that the doctor gives to you at the time s/he says and for how long s/he says – **even if you feel better**
- When you go to the doctor, you should always tell them what medications you are taking and if any other doctor has told you that you have some disease or condition

7. Ask the group if they have any questions. Set the date and time for the next meeting.

LESSON 6: NUTRITION AND CHRONIC DISEASE

Prior to beginning: As participants arrive, you may wish to start by writing down all of their names on an attendance sheet.

MATERIALS: HANDOUT

Welcome!

The OBJECTIVES of the lesson are:

- a. What is a Chronic Disease
- b. Description of hypertension and diabetes, and possible outcomes
- c. Causes of hypertension and diabetes
- d. Basic nutrition
- e. Importance of early detection

What are a Chronic Disease and Non-Communicable Disease?

A non-communicable disease is a disease that you do not get from someone else. Some non-communicable diseases have unknown causes, like some types of cancer. Others, such as skin cancer and heart disease, while not 100% preventable, we know what behaviors and characteristics make you more likely to get the disease.

Can anyone name some non-communicable disease?

Heart disease, stroke, cancers, asthma, diabetes, chronic kidney disease, osteoporosis, Alzheimer's disease, cataracts.

Can anyone tell me what causes some of these diseases?

There are many behavioral factors that lead to higher risk of disease, such as poor diet, smoking and physical inactivity, but things that are not in our control also are risk factors, such as gender, age, genetics, and exposure to air pollution. We can take preventative measures to lower our risk by trying to make healthy choices regarding things that are in our control.

What are Chronic Diseases?

Chronic diseases are diseases that persist a long time, meaning at least 3 months or more. Some chronic diseases are diagnosed for a lifetime with no cure. Many of them can be managed. Some examples of chronic disease are diabetes, heart disease, and hypertension.

Hypertension and Diabetes

We are going to look at hypertension and diabetes today since they are the most prevalent chronic diseases in the Latino community and link very directly to many other chronic diseases, such as obesity and congestive heart failure.

Does anyone know what hypertension is?

Hypertension is consistently elevated blood pressure. Your blood pressure fluctuates during the day depending on what you have eaten and what you have been doing. However, consistently high blood pressure can be a diagnosable disease and can lead to and cause many other diseases. If you have consistently high blood pressure you must see a doctor.

Hypertension is caused by a large amount of salt in the diet, obesity, low physical activity, and high stress. For farm workers, the largest risk factors are salt intake and stress. Make sure you are not eating excessive amounts of salt or adding a lot of salt into cooked foods. Highly processed and preserved foods, such as microwavable soups and burritos have a lot of added salt. Due to the high level of stress in daily life working on a farm, blood pressure can also increase. If you find yourself very stressed and anxious most days, talk to your doctor about ways to alleviate some of the stress.

Hypertension many times can go undetected because there are no noticeable symptoms. However, some symptoms that may be due to hypertension are:

- Severe headache
- Fatigue or confusion
- Vision problems
- Chest pain
- Difficulty breathing
- Irregular heartbeat
- Blood in the urine
- Pounding in your chest, neck, ears

If you are experiencing any of these symptoms talk to a health promoter or call the Open Door Clinic.

Does anyone know what diabetes is?

Diabetes is a disease that is associated with your body's ability to process sugar. Some people are born with diabetes and others develop diabetes from poor diet or pregnancy. One of the main causes of diabetes is excessive sugar intake from soda. People with diabetes have a high level of sugar in their blood stream that is not being processed and turned into energy.

Both hypertension and diabetes are easy to diagnose, and if the symptoms are caught early enough, with behavioral changes, they can be cured. If they are not caught right away they can become chronic life long illnesses that can be managed with medicine and diet change but cannot be cured. If they are not managed, they can lead to more serious

problems, such as heart attack, stroke, congestive heart failure, loss of limbs, and even early death.

Some common symptoms of diabetes are:

- Frequent urination
- Feeling very thirsty
- Feeling very hungry even after you have eaten
- Extreme fatigue
- Blurry vision
- Cuts/bruises that are slow to heal
- Tingling, pain, or numbness in the hands/feet

How many of you have at least one soda a day?

Sodas are high in sugar and can lead to a lot of negative health outcomes, including diabetes. It is beneficial to start drinking more water than soda or beer, especially when working in the hot sun. Soda and beer both can dehydrate you and can lead to fainting and weakness when working.

Many studies have show that when people from Mexico or other Latin American countries come to the United States, they are healthy, but because of the stress of being in the United States, and the access to cheap and unhealthy foods, many people begin to gain weight and develop poor health. Furthermore, because of the nature of farm work, you are burning a lot more calories than you would in other jobs. To prevent diabetes, hypertension and other chronic disease, once you get older and stop working for so many hours in such a physically demanding job, your diet will need to change. If you are switching jobs, watch your weight to make sure you are not gaining weight, and if you do begin to gain weight, you may want to begin to change your diet. Meeting with a doctor for guidance on healthy diet change, including eating more fruits and vegetables and less meat and rice, could be helpful in chronic disease prevention.

The Open Door Clinic has a Dietician available.

Any questions about diabetes or hypertension?

Basic Nutrition

Can someone volunteer to tell me what he or she had for dinner last night?

What are some typical meals you have here when working?

How do the meals you are eating here differ from the meals you ate back home?

Now direct people to look at handout.

What do you think of the splitting up of the plate? Does it surprise you?

Now fill out the boxes under fruit, vegetable, protein, grain/starch, and dairy with the foods from the list below. For example, broccoli is a vegetable so it goes in the box under the label "Vegetable."

Traditionally, the Latino diet has a lot of rice and beans. Rice is a grain and beans are a protein (Not a vegetable). Meat is a protein as well. You should just have a small section of your plate be meat or beans and another small section is rice, bread, tortilla or pasta. Half of your plate should be fruits or vegetables. Even if you are thin, you still need to eat fruits and vegetables, because they have many important vitamins to make you healthy and strong.

Review the answers from handout.

How does this plate match up with what you ate last night?

Some other helpful tips for healthy eating are:

- Drink lots of water
- Drink low fat milk (blue top, not red top)
- Cut off the fat of the meat before you cook it
- Do not eat a lot of deep friend food
- Do not add lard or fat to beans or soup

Any questions about diet?

Importance of early detection

When do you go to the doctor?

Many of us only plan to be in the United States for a short time. However, we are lucky enough to live near a free clinic that can provide us with health care and early detection of chronic disease. Many of us only go to the doctor when we are really sick, but the doctor can also test for things before we have noticeable symptoms. With many chronic diseases, you will not feel the symptoms for a long time. If you have not seen the doctor is two or more years, you should call Open Door to set up an appointment just to make sure there are no unknown medical issues.

The key points from this meeting are:

- Some diseases occur because of behavioral and heredity characteristics.
- Many chronic diseases can be prevented by a healthy diet, low in sugar and salt, and physical activity
- When planning your meal, make sure at least half of your plate is fruits and vegetables.

- If you have not been to the doctor in a few years, it is a good idea for prevention to get a check up.

Any questions about the class?

If there is a blood pressure cuff available, the health promoter may check the blood pressures of the attendants. If one of the blood pressures is in the red zone (See below), call the Open Door Clinic. Write down the blood pressure for people for them to keep for their own record.

LESSON 7: RISKY BEHAVIORS

Prior to beginning: As participants arrive, you may wish to start by writing down all of their names on an attendance sheet.

Welcome!

The OBJECTIVES of the lesson are:

- Talk about tobacco use
- Talk about drug and alcohol use
- Discuss how you can talk to a friend who may have a problem with drinking or drugs
- Who to refer a friend to who may have a problem with drinking or drugs

This class we are going to talk about unhealthy habits to understand why these habits negatively impact health and livelihood, it is important to know that cigarettes, drugs, and alcohol all have addictive qualities to them. It is not anyone's fault if they slip into addiction, but there is something that can be done when these substances are being abused.

In this class, I will be speaking more than asking questions because it is a very serious topic. If you have any questions or if something is not clear, please feel free to interrupt.

Smoking

Tobacco is used in cigarettes, cigars, snuff, chewing tobacco, and pipe tobacco. They contain the drug, nicotine. Nicotine is harmful to your health, and you can become addicted to it.

1. When you smoke, the nicotine from the cigarettes and cigars gets into your body and travels everywhere. Smoking causes cancer and lung disease. Both of these diseases can kill you.

If a pregnant woman smokes, her baby smokes, too. Nicotine travels through her blood to the unborn baby inside her. Babies of smokers usually are born unhealthy.

2. Nicotine makes you want to smoke more and more. Nicotine tricks the brain into feeling good, even as it hurts the body. To keep that feel-good feeling, people smoke again and again. When you smoke for a long time, you will need more nicotine, which means you will need to smoke more.

3. Nicotine can hurt people who do not smoke. People who smoke tobacco products breathe in nicotine and other chemicals and breathe out other chemicals. People who live or work around smokers are exposed to toxic chemicals, too. They have no choice. The smoke that is given off by a smoker is called secondhand smoke.

4. Secondhand smoke is harmful, especially to children. It can cause the same health problems that smoking can. Even if you are around secondhand smoke once in a while, like in someone's home or car, it can still harm you. Here are some things you can do:

- Ask a smoker to step outside to smoke.
- Sit as far away from a smoker as possible.
- If you are driving and someone needs to smoke, stop at a rest area so the person can smoke outside the car.

5. If you stop smoking nicotine, you will feel symptoms.

When someone tries to quit smoking, they will feel some symptoms a few hours after the last cigarette. These symptoms can last for a few days or up to several weeks. This means that your body is craving nicotine.

You may feel like you really need to smoke.

Other symptoms may include:

- Being dizzy, tired, or depressed
- Being impatient, angry, bored
- Having trouble sleeping or thinking
- Headaches
- Feeling constipated
- Cough, dry mouth, or sore throat
- Feeling tightness in your chest or slower heart beat

If you do smoke and would like to quit, talk to a health promoter or call the Open Door Clinic. There are programs and projects like patches or gum that slowly weans you off nicotine so you do not feel as much of the effects.

Are there any questions about smoking?

Alcohol

Alcohol can be a tricky substance because most people agree that it is okay to drink a bit in moderation. It is also part of the culture to drink at parties and big events. The problem comes when people drink too much or drink too often.

When people drink too much alcohol, they can get alcohol poisoning. If they are awake, keep them sitting up and awake until their condition improves. However, if the symptoms go beyond being drunk to where they cannot be woken up, are breathing very slowly, and/or they are shaking, you must take them to the hospital.

Alcohol abuse can also occur when people are functional, but have to continue to drink throughout the day or increasingly drink large amounts everyday. Drinking a lot of alcohol every day can have long term effects on health, such as making it harder to think clearly, making your heart weak, eating away at the liver, and causing cancer. It is better to break this habit than to have these long term and unfixable outcomes.

Besides the health effects, alcohol can effect job performance. Many people get fired from their jobs because of alcohol abuse. It is also illegal to drive a car while under the influence of alcohol, and risks the lives of yourself and others and can lead to a criminal charge and time in jail. If you are going to be drinking, find a safe and sober ride.

If you know anyone struggling with alcohol use, please contact the Open Door Clinic.

Does anyone have any questions about alcohol?

Drugs

Drugs, such as cocaine, heroine, and marijuana, are the most dangerous substance. Besides have very negative outcomes from overuse, these drugs are illegal in the United States and you can be filed with a criminal charge and spend time in jail and face instant deportation. All drugs have negative effects on your heart and brain. While under the influence, it is hard to make smart choice and function normally at work, at the store, or just at home. Do not drive under the influence of these drugs.

If you know someone who is using drugs and needs help, talk to them or call the Open Door Clinic. They are confidential and will try to find help.

Any questions about drugs?

How to talk to someone who has a Habit that Concerns you

Many of you have moved here without your families. You live and work together every day and may you have become each other's substitute families. Often times you look out for one another. You spend time together and will and maybe have already noticed if someone is struggling with drugs or alcohol, or seems sad and distant.

If you are concerned about someone, talk to him or her about your concerns.

Important things to remember

- Talk to them one-on-one when they are alone and are in a comfortable place
- Approach the person in a loving way. Do not look down upon them or accuse them of doing anything wrong
- Emphasize that you are there for them and that you care about them
- Listen to what they have to say and be understanding
- Do not talk about them behind their back
- If you need the support of the Open Door Clinic staff, do not hesitate to call.

Are there any questions about speaking to someone about a problem?

The main points of this class are:

- Smoking and tobacco or addictive habits that can cause a lot of serious health problems. There is a program that will help you quit.

- You can become dependent on alcohol, and this dependency can affect your health and your work.
- Other drugs are illegal in the United States, and the use of them cannot only affect your health, but can lead to criminal charges.
- If you are struggling with any substance abuse, talk to a friend, or call the Open Door Clinic.

LESSON 8: REPRODUCTIVE AND SEXUAL HEALTH

Prior to beginning: As participants arrive, you may wish to start by writing down all of their names on an attendance sheet.

Materials: Handout

Welcome the group.

The OBJECTIVES of this lesson are:

- Learn about Sexual Transmitted Diseases
- Learn about the paths of transmission
- Discuss the importance of getting tested for STDs and engaging in safe sex.
- Discussing sexuality when living away from a significant other

Sexually Transmitted Diseases

Does anyone know what a Sexually Transmitted Disease is?

An STD is a “Sexually Transmitted Disease”. Doctors use this name to refer to many infectious diseases. An STD can pass from one person to another person through unprotected sex. Having sex with many partners increases the risk of passing an STD.

Can STDs be cured?

There are many different types of bacteria and viruses that cause STDs.

- The most common types of STDs caused by bacteria are: chlamydia, gonorrhea, and syphilis. Doctors CAN TREAT these STDs. Many times these STDs can be cured with antibiotics.
- The most common STDs that are caused by viruses are: HIV/AIDS, genital herpes, and Human Papilloma Virus (HPV). They CAN NOT CURE them. If you get an STD that is caused by a virus, you will have it for the REST OF YOUR LIFE.

What are some symptoms of STDs?

At first, people with an STD may not have any symptoms. As the disease grows, they may see or feel:

- Bumps, sores, or warts near the mouth, anus, penis, or vagina
- Swelling or redness near the penis or vagina
- A skin rash
- Pain when peeing

- Discharge from the penis or vagina (discharge from the vagina may smell bad)
- Pain when having sex
- A lot of itching in the genital area (near the penis or vagina)

How do you know if you have an STD?

The only way to know if you have an STD is to go to a doctor's office or clinic and be tested because there are not always symptoms. If you have had or are having sex, you need to be checked. STDs can cause some types of cancer, heart disease, and not being able to have children if you think you have an STD, talk to your doctor right away or call the Open Door Clinic and get treatment.

If you are infected, should you talk to your partner?

Yes. You should talk with the person you are having sex with NOW and anyone else you have had sex with recently. Sometimes you can be infected and passing on a disease for a while before you show any symptoms. This is important because you will all possibly need treatment. If you get treatment, but your partner does not, you can get the STD again or your partner could pass it to someone else if he/she has sex with someone else.

Paths of Transmission

Handout: Circle all the ways that a Sexually Transmitted disease can pass from one person to another.

Most sexually transmitted disease can be spread only through sexual encounters, including oral sex, vaginal sex, and anal sex. HIV can be spread through blood-to-blood contact, such as sharing a needle and through mother's breastfeeding their children. Oral herpes can sometimes be spread through contact when there is an open sore from mouth to mouth and mouth to genitals.

How do you protect yourself from getting an STD?

The best way is to not have sex, or to just have sex with one person, who is also only having sex with you, after you have both been tested, maintaining a monogamous relationship.

The more partners you have, the more likely you are to get an STD. That is why it is important to limit the number of people you have sex with.

Use a latex condom every time you have sex. However, condoms cannot protect you 100% of the time. Some STDs can still be passed on to others. Check the condom expiration date. Condoms of different shapes or materials or that glow in the dark will NOT protect you. Do not use them. Always use condoms made of latex.

Other forms of birth control, such as the pill or spermicide do not protect against STDs.

Free condoms are available in the bathroom at the Open Door Clinic during clinic or upon request anytime.

The key points from this meeting are:

It is important to engage in safe sex, using condoms, to protect yourself from STDs.

- If you are sexually active, you should get tested. Symptoms may not appear even if you are infected.
- Some STDs can be cured with an antibiotic, but some of them cannot be cured and you will be infected with them your whole life.
- If you are going to have sex with someone who you are not mutually monogamous with you should use a condom every time.

3. Ask the group if they have any questions. Set the date for the next meeting.

LESSON 9: ORAL HEALTH

Prior to beginning: As participants arrive, you may wish to start by writing down all of their names on an attendance sheet.

Materials: Floss

Welcome!

Welcome to class 9. Today we are going to be talking about oral health.

The main objectives for today are:

- To discuss tooth decay and oral hygiene
- To discuss the importance of brushing and flossing your teeth
- To discuss how to brush and floss

Tooth Decay and Oral Hygiene

Does anyone know what tooth decay is?

Tooth decay is the break down of the material of the tooth that usually forms a hole or a cavity. The decay starts on the outside of the tooth, but if not treated, it can spread all the way to the roots of the tooth and the nerves. This not only causes intense tooth pain, but also then can then spread to an infection in the whole mouth and then the body if left untreated.

Has anyone ever had cavity or tooth decay? What does it feel like?

The first sign of tooth decay is a white spot, and as it grows it becomes dark and then becomes a hole. Many cavities are hard to see because this decay can happen between teeth or behind a tooth. The symptoms you may feel are:

- A sharp, dull, or throbbing pain in your tooth
- Pain when eating
- Pain when drinking something cold or hot
- Trouble chewing
- A bad taste or smell in your mouth
- Swelling in your mouth or gums
- Swelling in your face.

How does the dentist treat the decaying tooth?

The dentist will have to fix it by cleaning the hole and filling it. IF the hole is large, it may need an operation and the dentist will have to numb the area, drill the tooth and fill it. If it is even larger and the tooth cannot be saved, the dentist will extract the tooth permanently.

These procedures can be very expensive. The Open Door Clinic works with one local dentist to provide services, but it still costs a lot of money. The best way to avoid spending a lot of money on dental procedures is to take care of your teeth daily.

Are there any questions about tooth decay?

The Importance of Brushing and Flossing your Teeth and How to Brush and Floss

Does anyone know what are the most important things you can do to have a healthy mouth?

The most important and easiest thing you can do is to brush and floss your teeth every day.

How many times should you brush your teeth each day?

You should brush at least twice a day, for at least 2 minutes, preferably after meals. You should floss at least once a day. Brushing and flossing removes the plaque that builds up and causes decay and infection.

- To best brush your teeth, use small circular motions, do not apply excessive pressure or scrub back and forth.
- Use the tip of your toothbrush to get the inside of your front teeth.
- Make sure you reach all the way back to your last teeth and clean the tops and sides where the grooves are and use the tip of your toothbrush to get the inside of your back teeth.
- Brush your tongue.
- Replace your toothbrush every 3 months.

Flossing is also very important.

How many people here floss every day? Raise your hand.

Flossing cleans between your teeth.

- Take an 18-inch piece of floss and wrap it around your index fingers and hold it with your thumb.
- Gently slide the floss between each of your teeth as far as it will go along both teeth.
- Move the floss up and down to scrape your teeth.
- Repeat this between each tooth.

If you have not flossed in a long time, your gums will hurt and bleed a little bit. This is a sign that you had bacteria growing there. The pain and bleeding will stop after daily flossing for a few days.

Are there any questions about flossing or brushing?

Give participants a piece of floss and have them floss along with you.

The key points of this lesson are:

- Flossing and brushing your teeth daily is the best way to prevent tooth decay
- Tooth decay is only cured with a cavity getting filled or a tooth extraction, both of which are expensive procedures.
- If not cured, tooth decay will lead to a lot of pain, more tooth decay, and a spread of the infection to other parts of the body.

Are there any questions about oral health?

LESSON 10: MENTAL HEALTH

Prior to beginning: As participants arrive, you may wish to start by writing down all of their names on an attendance sheet.

Welcome the group.

The OBJECTIVES of this lesson are:

- Discuss what mental health is
- Discuss some common mental health issues
- Talk about resources for mental health

What is Mental Health?

Does anyone know what is meant by mental health?

Mental health is emotional, psychological, and social well-being. It can affect how we handle surprise, stress, and even joy. Many factors contribute to differences in mental health, including, biological and genetic factors and life experience. Mental health issues are more common than you would think, and can be cured and managed, especially when caught early.

What are some examples of illnesses in mental health?

Mental health illnesses encompass a wide variety of illnesses, which range from very serious forms of schizophrenia, where the person sees and hears things that are not there to mild transient depression, which can have very few symptoms, such as lack of appetite.

Many mental health problems are problems with the chemical balance in the brain and can be cured or managed with medication. These problems are not your fault. You did not cause them.

There are early warning signs that may seem too trivial, but could be a symptom of underlying illness. Some early warning signs are:

1. Eating or sleeping too much or too little
2. Pulling away from people and activities
3. Having low energy
4. Feeling like nothing matters
5. Having unexplained aches and pains
6. Feeling helpless or hopeless
7. Smoking or drinking more than usual

8. Feeling confused or forgetful
9. Yelling or fighting with friends and family
10. Experiencing severe mood swings
11. Thinking about harming yourself.

It is important to remember that having any of these symptoms or being diagnosed with any sort of mental health problem is not a reflection on you or a weakness. It is a problem with the chemicals in your brain. Something is going wrong biologically in your brain.

Common Mental Health Issues

What special circumstances do we, as farm workers, have that would make mental illness common?

Isolation, loneliness, long work hours, time away from family, unrest, and cultural and language confusion: All of us are experiencing some of these things in one way or another. It is difficult to be living and working in a different country, and working on a farm is demanding and isolating work sometimes.

Depression is a very common mental health problem. Everyone has days where we feel sad or lack energy, but if this feeling continues for a long time or is so overwhelming you cannot function during the day or sleep at night, it could be depression. You should call The Open Door Clinic for a referral to a doctor.

Everyone has days or moments in which he or she feels very anxious or nervous. It could be because of an important meeting, because work is not going as well as it should, or there are problems going on with family back home. This feeling of anxiousness and nervousness is a normal reaction, but if it continues for a long period of time or is so overwhelming, you cannot function during the day or sleep when you are supposed to sleep, it could be a symptom of an anxiety. You should call The Open Door Clinic.

Are there any questions about mental health?

Resources for Mental Health

The Open Door Clinic has two counselors available and has connections to various psychologist and mental health resources around Addison County. Do not ignore your symptoms! If you have any questions, do not hesitate to call the clinic.

The main points from this lesson are:

- Mental health problems are very common and are not due to a personality weakness, but are caused by a biological problem like all other illnesses
- Do not ignore your symptoms if you have not been feeling or acting like yourself recently.

- Call The Open Door Clinic with any questions or concerns. They have connections to mental health experts that can help you.

Lesson 1:

You have to make an appointment if you would like to see a doctor at the Emergency Department of the hospital.	True / False
The Open Door Clinic not is a walk in clinic. You can see a doctor by appointment only.	True / False
The best way to make an appointment it to go to the health center and talk to the secretary.	True / False
If a person is very seriously hurt or sick, you should call 911	True / False
If you feel better or cannot make the doctor's appointment, you do not have to call the doctor	True / False

Lesson 2:

You should use a family member as an interpreter whenever possible	True / False
You will have to pay extra if you want to use an interpreter at a doctor's office	True / False
The doctor can do a procedure or operation if he or she chooses, even if you do not agree.	True / False
Neither a doctor nor an interpreter can repeat anything that is said in the doctor's appointment to anyone else.	True / False
You should be honest with your doctor about all of your information, including drug use and past medications	True / False

Lesson 3:

Drinking soda is a refreshing way to stay hydrated.	True / False
Dehydration can cause death.	True / False
Stretching your back after work will cause many injuries.	True / False
There is nothing you can do to prevent injuries at work.	True / False
If you are feeling overheated or lethargic, take a break in the shade and drinking water.	True / False

Lesson 4

It is safe to leave your food under a covered pot for up to 6 hours.	True / False
You should wash your cook wear and cutting boards after cutting raw meat.	True / False
Bed bugs live only in very dirty houses.	True / False
Clothes made of cotton are the best things to wear in the winter	True / False
It is important to wash your hands before and after eating.	True / False

Lesson 5:

You should always take medications that the doctor gives to you for the time that he or she says	True / False
It is dangerous to take medicine with a prescription sent from Mexico	True / False
Pharmacies do not provide prescription labels written in Spanish.	True / False
All medicines in the United States must be prescribed.	True / False
When you start feeling better you should stop your medicine immediately.	True / False

Lesson 6:

Drinking too much alcohol can lead to death	True / False
It is illegal to operate a car or other motor vehicle after drinking alcohol.	True / False
Cocaine, heroine, and marijuana are all illegal in the United States and using or possessing them can lead to criminal charges.	True / False
You can become addicted to alcohol.	True / False
Even second hand smoking is dangerous, especially for children, and can cause many diseases.	True / False

Lesson 7:

Some diseases are caused by unhealthy behaviors such as bad diets and lack of exercise.	True / False
In a meal, half of your plate should be fruits and vegetables	True / False
It is a good idea to go to the doctor every few years for a check up.	True / False
There are some diseases that do not show symptoms until damage to your body is irreparable	True / False
Diabetes is caused by too much sugar in the body.	True / False

Lesson 8

It is best to wait until you show symptoms of an STD, such as discharge or bumps, before you get tested.	True / False
All STDs can be cured with medicine or a shot.	True / False
The best ways to prevent STDs are to have a monogamous relationship and use condoms every time.	True / False
Free condoms are available in the bathroom at the Open Door Clinic on clinic nights.	True / False
You can pass STDs to another person when you are not showing symptoms.	True / False

Lesson 9

Flossing and brushing your teeth daily is the best way to prevent tooth decay	True / False
Tooth decay can be cured in a simple and inexpensive way	True / False
If not cured, tooth decay can cause an infection in other parts of the body.	True / False
You should brush your teeth for 2 minutes at least twice a day, after meals.	True / False
Extractions and dental operations are expensive and are not covered by Porter Financial Assistance.	True / False

Lesson 10

Mental health problems are very common	True / False
Mental health issues are a weakness in personality	True / False
Stress from working long hours and living in a different country, make farm workers especially susceptible to mental health issues.	True / False
If you are low in energy or not sleeping or eating a lot, you could have a mental health issue.	True / False
Being anxious or nervous all the time is normal and is not a possible mental health issue. Daily nervousness should be ignored	True / False

Lesson 1:

You have to make an appointment if you would like to see a doctor at the Emergency Department of the hospital.	True / False
The Open Door Clinic not is a walk in clinic. You can see a doctor by appointment only.	True / False
The best way to make an appointment it to go to the health center and talk to the secretary.	True / False
If a person is very seriously hurt or sick, you should call 911	True / False
If you feel better or cannot make the doctor's appointment, you do not have to call the doctor	True / False

Lesson 2:

You should use a family member as an interpreter whenever possible	True / False
You will have to pay extra if you want to use an interpreter at a doctor's office	True / False
The doctor can do a procedure or operation if he or she chooses, even if you do not agree.	True / False
Neither a doctor nor an interpreter can repeat anything that is said in the doctor's appointment to anyone else.	True / False
You should be honest with your doctor about all of your information, including drug use and past medications	True / False

Lesson 3:

Drinking soda is a refreshing way to stay hydrated.	True / False
Dehydration can cause death.	True / False
Stretching your back after work will cause many injuries.	True / False
There is nothing you can do to prevent injuries at work.	True / False
If you are feeling overheated or lethargic, take a break in the shade and drinking water.	True / False

Lesson 4

It is safe to leave your food under a covered pot for up to 6 hours.	True / False
You should wash your cook wear and cutting boards after cutting raw meat.	True / False
Bed bugs live only in very dirty houses.	True / False
Clothes made of cotton are the best things to wear in the winter	True / False
It is important to wash your hands before and after eating.	True / False

Lesson 5:

You should always take medications that the doctor gives to you for the time that he or she says	True / False
It is dangerous to take medicine with a prescription sent from Mexico	True / False
Pharmacies do not provide prescription labels written in Spanish.	True / False
All medicines in the United States must be prescribed.	True / False
When you start feeling better you should stop your medicine immediately.	True / False

Lesson 6:

Drinking too much alcohol can lead to death	True / False
It is illegal to operate a car or other motor vehicle after drinking alcohol.	True / False
Cocaine, heroine, and marijuana are all illegal in the United States and using or possessing them can lead to criminal charges.	True / False
You can become addicted to alcohol.	True / False
Even second hand smoking is dangerous, especially for children, and can cause many diseases.	True / False

Lesson 7:

Some diseases are caused by unhealthy behaviors such as bad diets and lack of exercise.	True / False
In a meal, half of your plate should be fruits and vegetables	True / False
It is a good idea to go to the doctor every few years for a check up.	True / False
There are some diseases that do not show symptoms until damage to your body is irreparable	True / False
Diabetes is caused by too much sugar in the body.	True / False

Lesson 8

It is best to wait until you show symptoms of an STD, such as discharge or bumps, before you get tested.	True / False
All STDs can be cured with medicine or a shot.	True / False
The best ways to prevent STDs are to have a monogamous relationship and use condoms every time.	True / False
Free condoms are available in the bathroom at the Open Door Clinic on clinic nights.	True / False
You can pass STDs to another person when you are not showing symptoms.	True / False

Lesson 9

Flossing and brushing your teeth daily is the best way to prevent tooth decay	True / False
Tooth decay can be cured in a simple and inexpensive way	True / False
If not cured, tooth decay can cause an infection in other parts of the body.	True / False
You should brush your teeth for 2 minutes at least twice a day, after meals.	True / False
Extractions and dental operations are expensive and are not covered by Porter Financial Assistance.	True / False

Lesson 10

Mental health problems are very common	True / False
Mental health issues are a weakness in personality	True / False
Stress from working long hours and living in a different country, make farm workers especially susceptible to mental health issues.	True / False
If you are low in energy or not sleeping or eating a lot, you could have a mental health issue.	True / False
Being anxious or nervous all the time is normal and is not a possible mental health issue. Daily nervousness should be ignored	True / False

Lesson 1:

<i>Gravity of issue</i>	<i>Where to access care</i>	<i>Cost</i>	<i>Appointment?</i>
<i>Very Serious</i>			
<i>Serious</i>			
<i>Medium</i>			
<i>Not serious</i>			

Fill in each box with the appropriate answer. You can use each answer more than once and each box can have more than one answer.

<u><i>Where to access care</i></u>	<u><i>Cost</i></u>	<u><i>Appointment?</i></u>
<i>Open Door Clinic</i>	<i>\$\$</i>	<i>Yes</i>
<i>Emergency Department</i>	<i>\$</i>	<i>No</i>
<i>FQHC</i>	<i>\$\$\$\$</i>	
<i>Hospital</i>	<i>\$\$\$</i>	

Lesson 5:

Pharmacy name and address

Number used by the drugstore to identify this drug for your refills

Person who gets this drug

Instructions about how often and when to take this drug

Name of drug and strength of drug

Number of refills before certain date

Doctor's name

Drugstore phone number

Prescription fill date

Local Pharmacy
123 MAIN STREET
ANYTOWN, USA 11111 (800) 555-5555

DR. C. JONES

NO 0060023-08291 DATE 06/23/09

JANE SMITH
456 MAIN STREET ANYTOWN, US 11111

TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY FOR 10 DAYS UNTIL ALL TAKEN

AMOXICILLIN 500MG CAPSULES

QTY MRG
NO REFILLS - DR. AUTHORIZATION REQUIRED
USE BEFORE 06/23/12
SLF/SLF

Don't use this drug past this date

Avoid alcoholic beverages.

May cause dizziness.

Do not take other medicines without checking with your doctor or pharmacist.

54
733
Round White 54

List of adverse side effects

Drug Facts

Therapeutic substance in drug

Active ingredient (in each tablet) Purpose
Chlorpheniramine maleate 2 mg Antihistamine

Product type

Uses temporarily relieves these symptoms due to hay fever or other upper respiratory allergies:
 ■ sneezing ■ runny nose ■ itchy, watery eyes
 ■ itchy throat

Symptoms or diseases the drug treats

Warnings

When not to use this drug, when to stop taking it, when to see a doctor, and possible side effects

Ask a doctor before use if you have
 ■ glaucoma
 ■ a breathing problem such as emphysema or chronic bronchitis
 ■ trouble urinating due to an enlarged prostate gland

Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives

When using this product
 ■ You may get drowsy ■ Avoid alcoholic drinks
 ■ Alcohol, sedatives, and tranquilizers may increase drowsiness
 ■ Be careful when driving a motor vehicle or operating machinery
 ■ Excitability may occur, especially in children

If pregnant or breastfeeding, ask a health professional before use.

Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.

Directions

Adults and children 12 years and over	Take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours
Children 6 years to under 12 years	Take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours
Children under 6 years	Ask a doctor

Read carefully: how much to take, how often to take it, and when to stop taking it

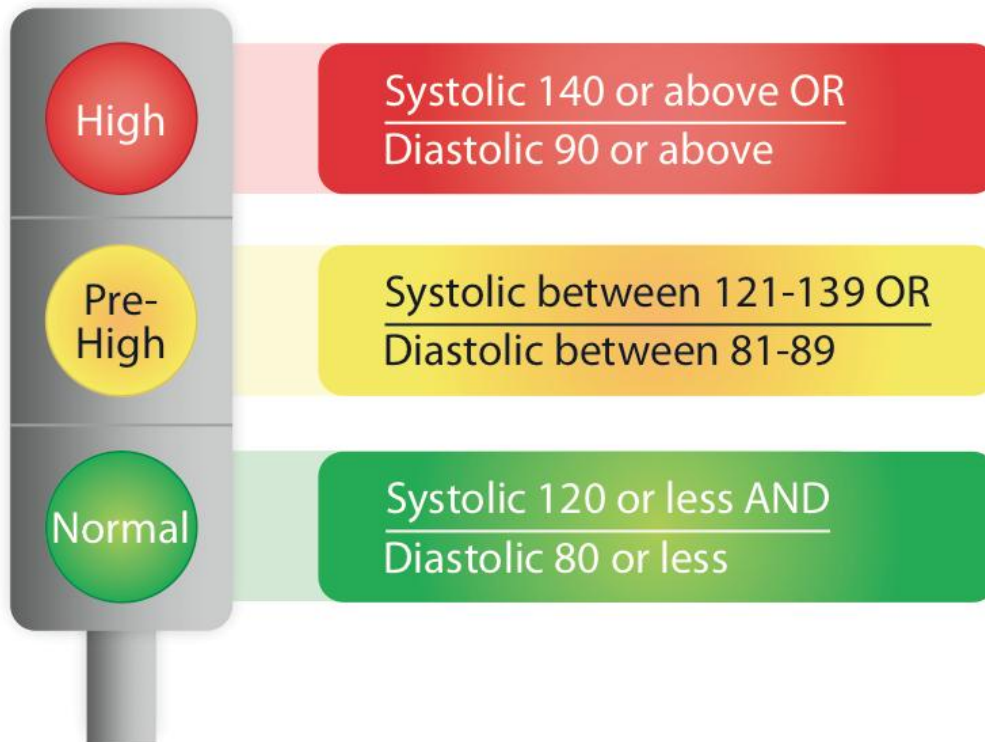
More information on how to store the drug

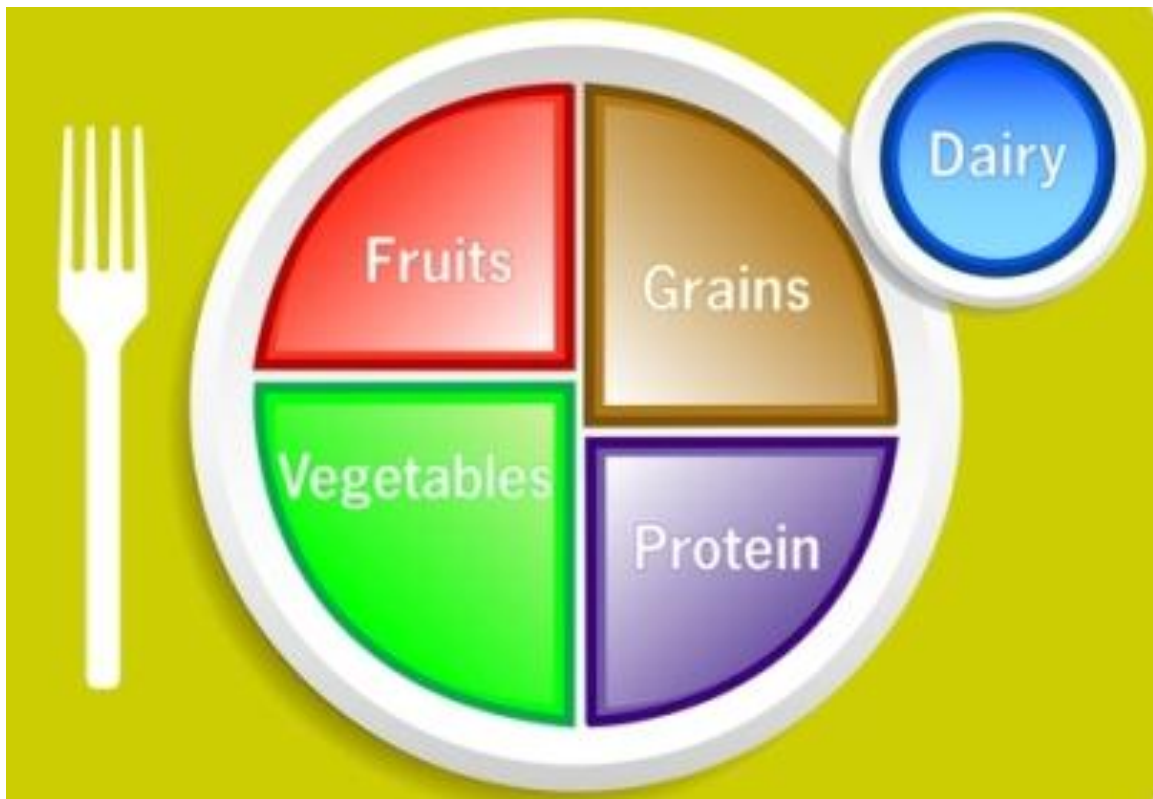
Other information Store at 20-25° C (68-77° F)
 ■ Protect from excessive moisture

Other things in the drug, such as colors or flavorings

Inactive ingredients D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch

Lesson 6:





Fruit	Vegetable	Protein	Grain/ Starch	Dairy
	Broccoli			

Potato Pork Milk Yogurt Tortillas Strawberries
 Rice CarrotsLettuceButter Chicken Onions
 Tomato Pepper Apple Spinach Corn Bananas
 Spaghetti Beans

Lesson 8:

Which of these are pathways of transmission for STIs?



