

HIV Prevention: Farmworker Justice, Washington, DC

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[Announcer] This podcast is presented by the Centers for Disease Control and Prevention. CDC – safer, healthier people.

[Dr. Antonia Novello] Farmworker Justice is a national organization with its main office in Washington, D.C. They have developed a national program using promotores de salud, fotonovelas, and the popular opinion leader intervention.

[Shelley Davis] Over the last ten years, Farmworker Justice has focused on promoting HIV prevention for migrant workers. And, essentially, our program has five components. First, we have a promotores de salud project or a lay health educator project, where we have worked with 14 community-based organizations in 7 states to train grassroots activists from the farmworker community to educate farmworker men, women, and youth about HIV transmission and prevention. And in this project we've managed to train 185 promotores who have reached over 89,000 farmworker men, women, and youth.

We have a second peer education project which is an adaptation of Jeff Kelly's popular opinion-leader model. And in this model, you educate people who are the most popular folks in their social network and they endorse a social message to their network. So, here we train 56 popular opinion leaders to endorse a condom use message to young migrant men who have sex with men, who are able to reach over 6,300 young migrant men and to achieve, over a three-year period, a 25% increase in condom use for anal receptive sex.

Another very important part of our work has been to create materials, so that, of course, we have a curriculum for both the promotores model and the popular opinion leader adaptation. We've also created a flip chart and cards describing sexually transmitted diseases. But the most effective work I think we've done is in creating photonovelas, which are comic book-style stories which convey a health prevention message. And we did this working with our promotores. So, first, we worked with the adult promotores and in a five-day workshop, they learned to write the story, shoot it with photographs in an interesting way so that the pictures tell the story, act in it, choose the locations, et cetera. And in this way, we told the story of promoting HIV prevention in the fields. After the success of that photonovela, we decided to do it with our youth. And we pulled together ten young promotores ages 18 to 25 from around the country. And, again, over a five-day period they identified typical stories. They got the props, acted in them, took the pictures and, of course, we edited them for them. And they focused on very typical situations, such as a young lady having a one-night stand, a young man who had sex after drinking, and a young man who had sex with men but was in the closet.

We've also worked on coalition building so that we promote ease of farmworkers to go from getting prevention services, getting tested, and getting into care if needed. And we are also national training partners of the CDC on the popular opinion leader model and we provide capacity building assistance to community-based organizations and health departments that want to work with the effective behavioral interventions and especially, of course, aimed at Latinos and migrants.

[Jennifer Freeman] Migrants are at an increased risk for HIV for a number of reasons. For example, they often lack access to accurate health information. They often face stigma and cultural taboos, long-term separation from their family and friends, and poverty. On average, migrants are three times as likely as members of their home community to be HIV positive. And nationally, some estimates have 5% of migrants being HIV positive, which is significantly higher than the national average. The mobility is a serious issue, because the long-term separation can lead men to have sex with sex workers, with other men, they may use drugs and alcohol. And it becomes difficult for them to form stable, lasting monogamous relationships. Migrant farmworkers are often disconnected from HIV prevention services, because of their mobility, they may be unaware of agencies working in the area. There may be a shortage of culturally or linguistically appropriate services available and they may also fear approaching the agency because of their immigration status. Roughly 50% of farmworkers are undocumented. Also, they may have personal reasons that keep them from entering an agency's doors. Many myths circulate about HIV. Some believe that you can contract HIV from taking an HIV test. Other myths circulate regarding bathrooms, kissing, and mosquitoes, for example.

Agencies seeking to work with farmworkers need to employ outreach workers. These outreach workers should be bilingual, they should be aware of cultural traditions, and they need to actually go into the fields and find the farmworkers where they are.

[Shelley Davis] There are an estimated 2.5 million hired farmworkers in the United States, and together with their family members, they comprise about 4.2 million people. Of these, 81% are foreign born and this includes 77% from Mexico and 2% from other parts of Latin America. There are others from Asia and the Caribbean. It's also important to realize that, of the folks from Mexico and Guatemala, hundreds of thousands are indigenous speakers, who speak oral languages such as Mixtec, Trique, Conival, and so, they are not literal in any language because their languages are oral. In general, of the foreign-born farmworkers, only about 5% say they speak English well and also, overall, farmworkers have about a fifth-grade education -- median education -- so that they have a very low literacy level. HIV prevention efforts also have to come to them. Farmworkers live in remote rural settings, most have limited access to transportation, so that services have to come out to the labor camps, have to be culturally appropriate, preferably in the language they speak, and, similarly, for testing. Folks won't come to the clinic; you have to bring testing services out to them. And it's important to develop prevention programs that really fit this culture. And these folks are at risk. They should be recognized as a high-risk population, and intervention programs should really be targeting them.

[Announcer] To access the most accurate and relevant health information that affects you, your family and your community, please visit www.cdc.gov.