

Bridges to Health

Protocols for Health Promoters

As a Health Promoter your primary job is to promote health care access. This will be done in a variety of ways including the distribution of information about how an immigrant farmworker can access health care in your region. This is to be done verbally and by providing farmworkers and farm owners with written information about access. When necessary you will support a farmworker in need of care through the provision or coordination of a range of enabling services. Enabling services are all services provided that facilitates an individual's access to needed health care. These services include outreach, navigation of health services, case management, interpretation/translation and transportation.

While you are distributing health care access and health education materials or coordinating health care for Bridges to Health, it is important to follow the best practices as outlined below to ensure continuity and consistency of service provision.

Introduction to Bridges to Health: When discussing Bridges to Health services include information about mental health promotion activities and mental health services.

Suggested script: La meta de nuestro programa Puentes a la Salud es ayudar a inmigrantes que trabajan en fincas estar lo más sano posible. Esto incluye no solo como usted se siente físicamente, sino también emocionalmente. Hemos empezado a hablar más con trabajadores sobre su bienestar y sabemos que para algunos estar lejos de su país y familia, trabajar tan duro, y estar aislados les afecta como se sienten. Podemos ayudarle recibir atención médica para problemas físicas y también servicios de consejería – con profesionales cuyo trabajo es escuchar y brindar apoyo a la gente cuando están pasando por momentos difíciles.

Actualmente, ¿usted tiene algún problema o preocupación de salud por lo cual desea atención médica (que sea relacionado con lo físico, bienestar, o estado de ánimo)?

Distribution of Health Care Access Information

- 1) Have on hand all applicable and available health access information
 - a. Regional Access Guides or brochures from all FQHC's or free clinics in your service region
 - b. Information about health care access as an immigrant farmworker
- 2) Discuss when and how to access health care while handing out any relevant Health Care Access Information
 - a. Field any questions about accessing health care
- 3) Discuss minimum information required to make an appointment
 - a. Full name (patients need to use name as identified on vital documents such as birth certificate, passport, or driver license even if their "work" name is different)
 - b. Date of birth
 - c. Mailing address
 - d. Phone number

Distribution of Health Education Materials:

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- 1) Have on hand a few copies of a variety of health education materials
- 2) Distribute as you see fit
- 3) Emphasize that you are not a medical provider and cannot diagnose a condition or provide medical care.
- 4) You can, however, distribute health education information on how to treat common health conditions as long as it is NOT CONNECTED to an individual's diagnosis and treatment.

Forms to have on hand for outreach visits

- 1) Blank CEFs
- 2) Consent for Use and Disclosure forms
- 3) Regional FQHC and/or free care registration packets
- 4) Sliding fee application from Regional FQHCs
- 5) Financial Assistance forms from regional hospitals
- 6) Income documentation templates
- 7) Envelopes and stamps

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Person-to-person contact is a great way to establish rapport and gain *confianza*. When encountering a farmworker requesting assistance in accessing health care in the field, take advantage of being in the field to assist the individual in taking all steps possible to coordinate his/her own care. This should be done while with the individual. When faced with barriers, you can then coordinate details on behalf of the individual. If you are contacted by phone to coordinate patient care complete the coordination of health care access via phone in a three way call whenever possible to make the process more efficient and time-conscious. In an ideal situation, you are only coordinating the visit and do not participate in transportation or interpretation.

- 1) **Establish** needed service
 - a. Listen to individual's chief complaints
 - b. Be clear that you are not a medical professional and as such cannot provide any diagnosis or treatment recommendations including over the counter medications (See limitations of the MHP)
 - c. Provide local options for care such as clinic services, walk-in clinic, and ER
 - d. If client is uncertain about what services to access, the local Federally Qualified Health Center (FQHC) may field calls for consultation.
 - i. At this point in time the FQHC's in our service area should be but are sometimes unable to field calls in Spanish. You can have the patient try first and then if they are not successful, you could do a three way call to encourage the individual to communicate directly.
 - ii. You can also contact one of our Health Professional volunteers listed in the BTH database for help with triage.
 - e. Ensure that the person is referred to a service appropriate to meet the need.
 - f. Ensure the client can verbalize the health concern and explain to any first time clients which services will be provided and what to expect at the health visit.
- 2) **Discuss** Bridges Confidentiality and Personal Health Information Protections Policy.
 - a. If in person, offer client *Notice of Privacy Practices* and have client sign the *Consent for Use and Disclosure of Health Information and Coordination of Health Services* form.
 - b. If coordinating by phone, explain the *Consent for Use and Disclosure of Health Information and Coordination of Health Services* form and ask for a verbal confirmation that client wants to share this information with you and appropriate health care entities to receive support in accessing health care. Note the verbal agreement on a blank form. If/when you see the client in person, have them sign the form.
- 3) **Schedule** an appointment if necessary
 - a. Establish days and times that the client would be available for an appointment.
 - b. Explain to the client that they should be able to call the clinic on their own because the clinic should connect them to an interpreter. Walk them through a typical interaction with a clinic. Explain that BTH is working to improve clinics' ability to communicate directly with patients that don't speak English. Let him/her know that you will be on the line to observe and if the call is not successful, you will call the clinic back with the client to interpret.
 - i. Make a note in the appointment calendar about how the call went
 - c. If the clinic does not successfully connect to an interpreter to set up an appointment, call back with the client on speaker phone (if you are with the client) and be sure to consult for all details required from the clinic's front desk.

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- d. If you are communicating via phone, use your 3-way call feature on the phone to support the client to make appointment on his/her own using you as an interpreter.
 - e. As a last option, schedule appointment on behalf of the client.
- 4) **Complete** any necessary paperwork possible prior to the visit
- a. Fill out Client Encounter Form (CEF)
 - b. If patient is going to an FQHC or free clinic without the option of an in-person interpreter, help fill out applicable forms which may include:
 - i. Registration form
 - ii. Consent to treat
 - iii. Patient history
 - iv. Sliding fee/Free care applications
 - v. Release of Information form from health entity to allow them to talk to you about their patient's care
 - c. If filling out in person, instruct client to sign the forms and bring them to the appointment.
 - d. If filling out over the phone, explain each form and let client know that he will need to sign the forms to verify the information on the forms is correct when he arrives at his appointment.
 - e. Send in the forms via fax (or mail if time allows)
 - f. Keep Client Encounter Form and any other PPI in a locked and secure location by following Bridges Confidentiality and Personal Health Information Protections Policy
- 5) **Arrange for** appropriate interpreter services
- a. Identify if the clinic has an in-person interpreter, a phone interpreter service, or no language interpreter services.
 - b. Request that the clinic make a note in the patient file as well as the appointment calendar that the patient will need to use interpretation services and that the language preference is Spanish.
 - c. If the clinic does not have language interpreter services
 - i. Arrange for a qualified volunteer interpreter
 - ii. If, and only if, you are unable to find a qualified volunteer interpreter, you may cover the visit.
 - iii. If the appointment is anticipated to last less than 15 minutes or is relatively uncomplicated in your subjective view, consider interpreting via phone.
 - iv. Notify the Migrant Health Coordinator that the clinic does not have interpreter services or does not use the services accessible to them.
- 6) **Identify** any documentation that the client will need to bring to the appointment which could include:
- a. Pre-completed paperwork
 - b. Previous health care records
 - c. Any medications patient is currently taking
 - d. Photo id
 - e. Pay stubs or letter from employer (template is available)
 - f. Any additional information/documentation requested
- 7) **Encourage** the client to ask questions of service providers and ask him/her to get back in touch with you if there is a problem
- 8) **Ensure that transportation** has been arranged

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- a. Ask patient if there is someone that he/she will contact for transportation
 - b. If not, explain that the Puentes policy is to reach out to the farm owner to see if owner or a family member can provide transportation.
 - i. As long as patient agrees, contact farm owner, manager, or farm family member to request transportation.
 - c. If no one on the farm is able to provide transportation, call or email volunteers to assist with transportation.
 - d. If you live in a place where we have a taxi contract or there is a reputable company that accepts credit card payments by phone, offer to the client that Puentes will pay for half the transport cost if the client pays the other half.
 - e. If, and only if, no volunteers are available, you may provide transportation.
- 9) **Call/text to remind client of appointment** if it is more than a few days away
- 10) **Follow up after the appointment**
- a. Call or text client
 - b. Ask about ease of and satisfaction with transportation, interpretation, and clinic services
 - c. Request information for any follow-up appointments
 - d. Begin completing necessary tasks to coordinate any follow-up appointment
 - e. Help patient fill out any post-visit paperwork including bills and free-care applications.
- 11) **Document** – complete all necessary Puentes paperwork (see documentation guidelines below)
- a. If you are coordinating services, add or update CEF in database within a week of the initial client encounter
 - b. If you are passing off the client to someone else, you need to document the day of the encounter
 - c. Be sure to follow Puentes Confidentiality and Personal Health Information Protections Policy at every step of the way

Documenting and Reporting Client Information

- 1) Documenting Client Information
 - a. Discuss Bridges Confidentiality and Personal Health Information (PHI) policies and ask for a verbal confirmation that patient wants to share this information with you to receive support in accessing health care. If in person, have client sign form.
 - b. Explain how information will be used
 - c. Complete Client Encounter Form (CEF)
 - d. Include any important notes about the patient or case
 - e. Add the appointment to sharepoint calendar as soon as possible
 - f. Add CEF to client database
 - i. Same-day if passing off service coordination
 - ii. Within the week if you are coordinating services
 - g. Keep client information in a safe and secure location (lock box, locked file)
 - h. Revisit appointment card in calendar and make sure all sections are complete
- 2) **Reporting Client Information**
 - a. Contact supervisor for cases you are not able to follow-through on
 - b. Review any difficult cases with supervisor to receive any additional support needed
 - c. Report and discuss with supervisor suspected child abuse or domestic violence

Limitations of Migrant Health Promoter

Remember that you are not medically trained and therefore must refrain from diagnosing, treating, or prescribing for a specific medical condition that a specific immigrant farmworker is presenting. Sometimes, the local Community Health Center is willing to serve as a medical consultant. If possible, identify medical professionals who are willing to receive calls for consults from the field about a specific farmworkers condition. You can also contact the Health Professionals listed in our volunteer database who have indicated a willingness to help with triage. In the future, you may be trained through Bridges to Health by a provider about common farmworker ailments and discomforts presented by farmworkers that can be treated with over the counter medication. If so, you may be given permission to distribute first aid kits and teach farmworkers how to prevent and treat common medical condition with over the counter medications. Practicing medicine without a license can result in civil or criminal penalties.