

The Immokalee, Florida Program

ENABLING SAFE ISOLATION AND QUARANTINE THROUGH CLINICAL
AND SOCIAL SUPPORTS AND TRUSTED ACCOMPANIMENT



Partners In Health
Healthcare Network
Misión Peniel
Coalition of Immokalee Workers

May 2021



Osman López Hernández, a *Promotor* in Immokalee, FL, speaks with Lidoini Santos at her home about the COVID-19 vaccination along with offering masks, hand sanitizer and other helpful medical information in May 2021.

This case study is part of a PIH series on care resource coordination for COVID-19. Care resource coordination facilitates the social, material, and other supports that COVID-19 cases and contacts need to safely isolate or quarantine. Today, millions in the U.S. struggle to meet basic needs and not everyone can quarantine and isolate equally. Resource coordination is an essential part of an equitable pandemic response and can be applied far beyond COVID-19.

Each case study in this series is an example of how resource coordination programs have been designed and rolled out in a specific context and is written in collaboration with the program. Implementers reflect on successes, challenges, and share key lessons learned from their experience. There is some variation in terminology across case studies in the series, reflecting each program's unique work. For example, "care resource coordinators", "resource navigators", and "community health workers" can all fulfill a similar function: identifying needs and coordinating resource provision.

This case study describes the **Immokalee Program, an operational accompaniment model** in southwest Florida to connect vulnerable migrant farmworkers and essential workers with clinical and social supports across the COVID-19 response cascade (community protection, testing, case investigation and contact tracing, supported isolation and quarantine, and vaccination). The program **relies on partnerships between community-based organizations—including a federally qualified health center**—to provide the supports necessary to facilitate the prevention of COVID-19 and increase access to testing, supported isolation and quarantine, and vaccination. Locally recruited and trained **Promotoras identify and coordinate resource needs**, accompanying individuals throughout the process. This case study explores key factors to programmatic success and analyzes challenges and lessons learned.

BACKGROUND

Immokalee, an area home to about 27,000 in southwest Florida, is one of the poorest and most vulnerable communities in the United States. It is inhabited mostly by migrant farm workers and other essential workers, half of whom are un- or under- documented. Indeed, the Naples metro area that includes Immokalee is among the most unequal metro regions in the country (Harrington, 2016). The area is one of the nation's major centers for tomato growing and other large-scale agricultural production, a \$4B agricultural economy, but most residents of Immokalee barely benefit from this economic engine. A history of abuse in the agricultural industry, which was initially built on the enslavement of African peoples, codified by exclusive legislation, and sustained through exploitation of migrant workers, has led to long-standing, systemic health and economic inequities for many in Immokalee (Asbed, 2020) (Florida Modern-Day Slavery Museum).

In responding to the pandemic in Immokalee, trusted local partners came together to meet the needs of a community decimated by COVID-19.

PROGRAM MODEL

In Florida, the state's COVID-19 response efforts did not adequately meet the needs of Immokalee's residents, leaving significant gaps in access to testing, comprehensive contact tracing and case investigation programs, resources for safe isolation or quarantine, and equitable vaccination. A coalition of partners including the Coalition of Immokalee Workers (CIW), Healthcare Network (HCN), Misión Peniel, the Collier County Department of Health, and Partners In Health (PIH) joined together to comprehensively meet the needs of Immokalee's most vulnerable communities. This collaboration, the Immokalee Program, has strengthened the COVID-19 response infrastructure in many ways, including employing a community-based workforce, *Promotoras*, who help identify needs and provide connections to resources for Immokalee residents infected with, exposed to, or impacted by the pandemic's social and economic consequences.

At the core of the resource coordination model in Immokalee is the concept of accompaniment, which is both a philosophical stance and a rubric for programmatic design (Palazuelos et al., 2018). The accompaniment approach guides the design and deployment of PIH's most successful community health programs globally. In Immokalee, the team of local partners proactively reach out to vulnerable and disenfranchised individuals in the community to build meaningful connections and provide direct, longitudinal support around key determinants of health.

BOX 1

PROGRAM OVERVIEW

THE IMMOKALEE PROGRAM: A collaborative partnership between the Coalition of Immokalee Workers, Healthcare Network, Misión Peniel, Partners In Health, and the Collier County Department of Health

IMMOKALEE, FLORIDA POPULATION:

27,000 (inclusive of fluctuating migrant farmworker population)

PROMOTORAS: 11

CARE RESOURCE COORDINATION MODEL:

Community-based, not integrated with a contact tracing program, utilizing a community health workforce (*Promotoras*) to identify needs and facilitate connections to resources provided by a network of partners including an FQHC and CBOs.

PROGRAM FUNDING: HRSA grant, National Center for Farmworker Health, and in-kind PPE donations

PROGRAM IMPACT:

- ▶ Between July 2020 and early March 2021, *Promotoras* visited over 2,800 households and reached approximately 9,000 people.
- ▶ Between December 2020 and April 2021, disbursement of over \$482,000 in cash transfers to over 400 households impacted by the pandemic

TOP SERVICE NEEDS: Unconditional cash transfers, food, health care referrals

The "backbone" of the program is a new cadre of community health workers (CHWs), known locally as *Promotoras*, who interface with local community members every day. *Promotoras* are hired from within the community to represent local linguistic, racial, ethnic, and geographic diversity and to bridge the gap between the health care system and the community. *Promotoras* perform on-the-ground, household-based outreach and collaborate with community organizations to fill in as contact tracers, educators, accompaniers, data collectors, and connectors. They aim to understand the rich diversity of lived experiences in the community and elicit narrative evidence about how groups have been differentially impacted by COVID-19 to inform intervention strategies.

PROGRAM EVOLUTION

FORMING COMMUNITY-BASED PARTNERSHIPS

In Florida, the State Department of Health (DOH) manages and oversees the state's contact tracing program. Throughout the state, reports found that fewer than 20 percent of positive cases were contacted by health authorities asking for their contacts (Cohen and Vigue, 2020). As in many jurisdictions, insufficient staffing and rising caseloads have challenged the system's ability to respond with thorough contact tracing and subsequent linkage with social programs that help cases and their contacts to isolate and quarantine.

In Immokalee, CIW, a human rights organization with years of experience uncovering and confronting worker exploitation, noted disturbing gaps in testing and contact tracing among vulnerable farmworkers (Box 2). These workers rarely received timely calls from DOH contract tracers to alert them they tested positive, and when they did, they were told to alert any contacts themselves. Since the DOH had exclusive control over the positive test data, no other agency could support active case management.

This gap led CIW to partner with Doctors Without Borders, PIH, and other prominent local public and community-based organizations, including HCN, Misión Peniel, and the Collier County Department of Health to address the pandemic (Box 3). Doctors Without Borders ended its activities in Immokalee in the summer of 2020.

The partnership between a federally qualified health center (HCN) providing rapid testing, a community-based human rights organization (CIW), and other trusted local groups (Misión Peniel) providing social supports created a suite of resources to support the COVID-19 infected and affected throughout the entire cascade of care. This new collaboration, the Immokalee Program, housed at HCN, allows *Promotoras* not only to easily refer community members as patients for clinical services, but also to perform testing. This system gives the *Promotoras* access to positive cases and the ability to accompany these cases with clinical and social support services.

BOX 2

COVID-19 LANDSCAPE IN IMMOKALEE, FLORIDA

At various points since the pandemic began, Immokalee has experienced the highest density of COVID-19 cases in the state. In June 2020, Immokalee's test positivity rate was 36% compared to 5.6% statewide (Doctors Without Borders, 2020). High levels of poverty preclude many infectious individuals from staying home from work, increasing the risk of transmission. In Immokalee, many workers live together in crowded trailers, travel to work in communal transport, and farm or labor next to one another in close quarters, making social distancing impossible and increasing the spread of the virus.

Immokalee residents are not only at higher risk of contracting and spreading COVID-19 because of systemic health and social inequities, but they are also less able to access high-quality health care services and social supports. Immokalee lacks a hospital; the nearest one is almost an hour away and is not accessible by public transportation. Lack of access to primary and tertiary care affects a range of health outcomes and risks, and ultimately elevates a person's

risk of dying of COVID-19. Nationwide, Latinos are 2.4 times more likely to die of COVID-19 than White Americans; more than 89,000 have died since the start of the pandemic through the beginning of March 2021 (APM Research Lab Staff, 2021). In Florida, Hispanic or Latino residents represent 26% of the state's population, but 37% of its cases (The COVID Tracking Project, 2021).

Challenges such as lack of health insurance and documentation status prevent many from accessing care. Community members also face barriers to testing, a critical pillar of the COVID-19 response. These barriers include: fear of missing work if a person receives a positive test, which can lead to food insecurity, unemployment, and eviction; inability to get results, which may require navigating an online, English-language portal; lack of access to testing opportunities due to limited transportation; and migrant labor schedules which often operate outside of normal working hours.

BOX 3

IMMOKALEE PROGRAM PARTNERS & KEY ROLES

Coalition of Immokalee Workers (CIW)

- ▶ Advocates for and addresses farmworkers' needs and rights
- ▶ Provides community expertise; helps connect people to resources

Healthcare Network (HCN)

A federally-qualified health center (FQHC)

- ▶ Provides clinical support (e.g., community members referred can register as patients, schedule doctor's appointments, receive medications, access testing, and make vaccination appointments)

Misión Peniel

- ▶ Offers social support, including financial, food, and pastoral support for COVID-19 cases and their households

Partners In Health (PIH)

- ▶ Develops and executes *Promotora* training and program implementation
- ▶ Mentors and accompanies *Promotoras* in the field (during canvassing, mobile testing events, case management of positive COVID-19 cases, and resource navigation)
- ▶ Connects local and national partners

Collier County Department of Health

- ▶ Government partner in the COVID-19 response
- ▶ Responsible for contact tracing
- ▶ Stewards of statewide data



Caroline Murtagh, Project Manager, Partners In Health, U.S. Public Health Accompaniment Unit, from left, Lissa Rinvil, a COVID-19 community health worker with Healthcare Network, Jackie Cochrane, a COVID-19 registered nurse with Healthcare Network, and María Plata, Lead Health Promoter for Southwest Florida with Healthcare Network, go over their survey and discuss where to go next for their door-to-door COVID-19 education in a manufactured home neighborhood in Immokalee in December 2020.

PROGRAM OPERATIONS

IDENTIFYING INDIVIDUALS IN NEED

The *Promotora* program is critical to identifying individuals in need of social support services and is strengthened by continuous training, mentorship, and program improvements. PIH initially worked with the DOH during the summer of 2020 to launch a *promotora* program by developing and running a week-long training curriculum and supporting ongoing management of the *promotoras* in the field. This program ultimately transitioned to HCN, and as of March 2021, 11 *Promotoras* were active, with plans to scale up to at least 12. The more experienced members participate actively in training and mentoring their new peers. PIH also conducts continued training sessions on topics that come up over the course of canvassing, testing events, and case management (e.g., psychological first aid, the importance of social support, team dynamics, etc.). The ever-evolving training program is co-created with *Promotoras*, and PIH facilitates regular reflection and debrief sessions with the team to advance constant program improvement.

Promotoras strive to identify the needs of those who have been infected with or exposed to COVID-19—cases and

contacts—as well as community members who have been impacted by the pandemic in other ways. *Promotoras* serve as a supplemental workforce to the state’s contact tracing efforts, offering contact tracing, case investigation, and care resource coordination services to cases and contacts identified through testing events or routine household canvassing.

Promotoras routinely staff the local, accessible testing events organized by HCN (Box 4). The events utilize rapid tests, so *Promotoras* are aware of individuals who test positive and may need support in real time. If an individual who tests positive consents to receiving support, they sign a Release of Information (ROI) at the testing event, allowing HCN and *Promotoras* to share their contact information with Misión Peniel so the patient can receive resources in the form of cash transfers (Box 5, page 6). *Promotoras* continue to support individuals identified at testing events during their isolation or quarantine periods, making routine follow-up calls during which they screen for additional social support needs including food, rent, health concerns, accessing medications, or transportation.

BOX 4

EXPANDING ACCESS TO TESTING AND REAL-TIME CONNECTIONS TO SOCIAL SUPPORTS

When the DOH stopped regular testing opportunities in Immokalee in January 2021 in order to focus solely on vaccination events, HCN, with support from PIH and CIW, stepped in to fill the testing vacuum and promote early detection and connection to social supports. HCN hosts on average three mobile testing events per week; PIH and CIW work together to schedule events at accessible locations, such as bus stops used by migrant workers and neighborhoods with prominent Haitian populations. At these events, individuals have access to rapid tests to provide real-time results and are able to obtain immediate connection to care and resources. Rapid tests are an important complement to the PCR tests used by the DOH which have longer turnaround times and require navigation of a complex, English language portal in order to obtain results. From January to April 2021, *Promotoras* provided over 4,000 tests at these sites, with a peak of over 1,300 tests in the month of February alone.



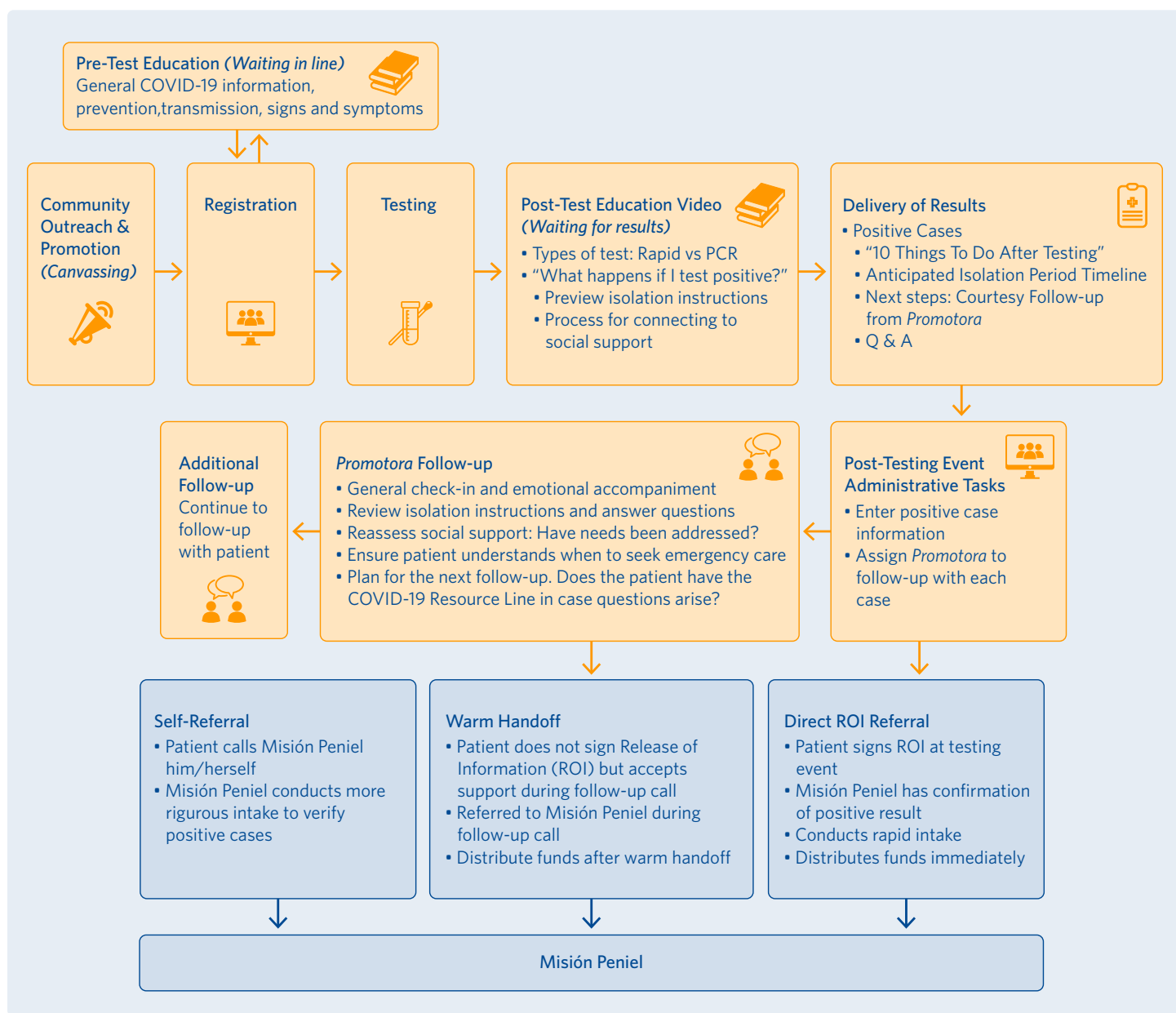
Andy Gutiérrez, left, program coordinator for Healthcare Network’s mobile unit, helps residents during one of the last mobile clinics of 2020, hosted in collaboration by HCN, DOH, RCMA, and other community partners. In addition to COVID-19 testing, the clinic included blood pressure and blood glucose screenings, flu shots, and social support referrals.

In addition to identifying individuals through testing events, *Promotoras* conduct household-based outreach work in Immokalee. This targeted canvassing is informed by several criteria, including geographic distribution of COVID-19 cases, location of weekly testing events, visit history, and neighborhood vulnerability. Vulnerability is determined by a neighborhood's relative exclusion from existing informational and material outreach efforts by the DOH, HCN, and others, where in-person visits could prove particularly beneficial. During canvassing visits, *Promotoras* provide COVID-19-related education (including information on prevention, transmission, symptoms, and testing, as well as nearby testing and vaccination events), collect demographic and epidemiologic data, and assess the need for and provide referrals for relevant social supports. During training, *Promotoras* are provided

with a script outlining the workflow of a household visit (*Appendix A*), but it is only a guide. Their deep and nuanced understanding of Immokalee, their own lived experience, and the trusted relationships they have established with community members over time are key to their success with household visits. Following a household visit, *Promotoras* complete a data collection form (*Appendix B*) on a tablet that includes a social support assessment section where they document an individual's needs around food, rent, and other resources described above.

Support is offered both for those directly impacted by COVID-19 and for others who qualify for emergency needs-based assistance. Between July 2020 and early March 2021, the *Promotoras* successfully visited over 2,800 households and reached approximately 9,000 people.

FIGURE 1: How *Promotoras* connect patients they identify during canvassing to testing and then accompany patients after diagnosis to offer continued support during the patient's isolation period. Patients can access cash transfers through Misión Peniel via any of the three blue boxed routes.



Osman López Hernández speaks with José Mendoza outside his home in May 2021. López Hernández is one of many *Promotoras* who connect with Immokalee residents by walking door-to-door, and providing information about COVID-19 services offered by the Healthcare Network and Misión Peniel. Here, López Hernández offers Mendoza masks and other supplies.



BOX 5

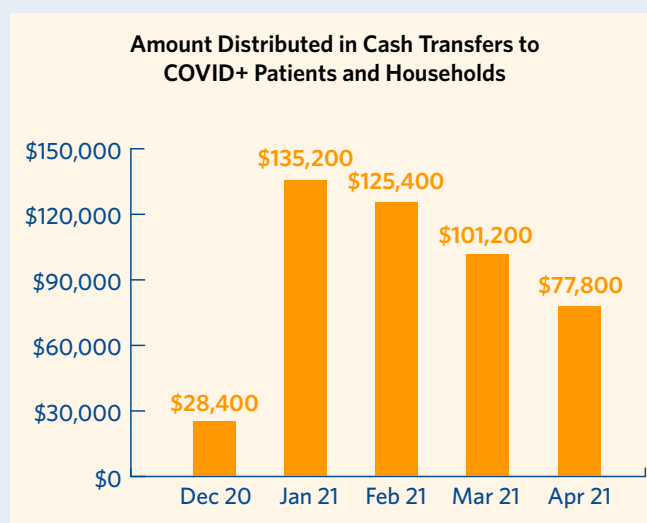
UNCONDITIONAL CASH TRANSFERS

Unconditional cash transfers have become a hallmark of the Immokalee Program since they were introduced in December 2020. Cash transfers are provided by Misión Peniel, supported by donors including \$50,000 of initial funding from the Hollyhock Foundation. This partnership with Misión Peniel offers unconditional direct cash transfers for Immokalee residents. Initially, support was available to anyone who had at some point tested positive for COVID-19. In February 2021, due to insufficient funding, Misión Peniel began providing cash transfers to actively infectious positive cases only (e.g., people who have received a positive test in the past 10 days). Those who have tested positive in the past but are no longer isolating now qualify for needs-based assistance only.

For many people in Immokalee who live in precarious financial situations, becoming infected with COVID-19 can push them over the edge into financial ruin. The cost of missing work for several weeks, coupled with added health care costs, can leave many behind on rent and in danger of eviction, threatened by food insecurity, and subject to amplified social and economic inequities. Based on recommendations from CIW regarding average local farmworker salary, cash transfers provide approximately two weeks of financial assistance; individuals receive \$800, while families receive \$1,200. This support enables residents

to safely isolate and quarantine, something that many struggled to do without support. For those who tested positive earlier in the pandemic, this assistance helped mitigate the significant financial instability they faced resulting from their illness.

Since implementing this cash transfer program with Misión Peniel, the team has helped to disburse over \$482,000 in cash transfers to over 400 households impacted by the pandemic. At least 60 of these households were referred directly from HCN testing events since January.



CONNECTING TO SERVICES

Once a need has been identified, *Promotoras* are key to facilitating multiple pathways of referrals to services or direct resource provision. As mentioned above, Immokalee residents who test positive for COVID-19 are eligible for cash transfers provided by Misión Peniel. *Promotoras* make these referrals for individuals identified at HCN testing events by securely sharing individual's contact information with Misión Peniel over email. Misión Peniel confirms eligibility and delivers checks to individuals at their homes, sometimes accompanied by *Promotoras*.

For additional resource needs identified during follow-up calls or through household canvassing efforts, *Promotoras* closely accompany individuals and families through the referral and resource access process. The Immokalee Program developed a robust resource bank containing information on local food, clothing, housing, financial, elder, job, legal, disability, child care, afterschool, home-based, child abuse prevention, domestic violence prevention, and mental health services (Appendix C). *Promotoras* often provide their clients with case management services, and email or call service providers on their behalf. In many instances, they facilitate three-way calls or warm-handoffs, and will also accompany a client to access in-person services.

Resources offered include short-term **health care referrals** (often to HCN for clinical care for COVID-19-related concerns as well as pre-existing conditions identified during canvassing visits), and **material resources such as food**. The Immokalee Program has forged partnerships with local food distributors, including Lipman, Amigo Center, Misión Peniel, Salvation Army, and the Boys and Girls Club, who provide the program with surplus food that is delivered to COVID-19 cases and contacts. Additionally, given the lack of places to isolate in Immokalee (the closest available is in a Naples hotel, over one hour away), partners have not only advocated for supportive isolation **housing** in Immokalee, but have assisted those in need to access short-term emergency housing, medium-term shelter-based housing, and more permanent longer-term options. When *Promotoras* identify individuals in need of emergency assistance—whether or not they have tested positive for COVID-19—they refer those individuals to Misión Peniel who determines eligibility for and distributes emergency resources. *Promotoras* routinely follow-up with their clients over phone calls to make sure that their needs have been successfully met. If a challenge is identified with accessing a resource, the *Promotora* will then follow-up with the organization or provider on behalf of the client.



Promotora Juana Howell, left, offers public health recommendations to Celia Bustamante, right, after she received the COVID-19 vaccine at a Healthcare Network of Southwest Florida vaccination site in Immokalee in May 2021. *Promotoras* engage in discussion with community members during vaccination events about the importance of vaccination, possible side effects, including when to seek medical attention, and the benefits of continuing other preventive measures in line with CDC guidelines.

MONITORING AND EVALUATION

During household visits, *Promotoras* collect basic demographic information, assess existing COVID-19-related knowledge, and record which new information they shared was most valuable to the household. These visits also allow community members to share their perspectives about the accessibility, adequacy, and future of COVID-19 services and resources in Immokalee. This information enables program improvement and ensures the program remains informed about community concerns. Currently, this information is collected during canvassing; there are plans to perform some of this assessment via follow-up calls.

KEY PERFORMANCE INDICATORS		*As of March 1, 2021
Summary		
# households visited		5,250
# households that answered		2,800
# individuals reached		8,960
Materials		
# informational materials distributed		8,000+
# masks distributed		3,380 mask packs (16,900 masks)
# tests provided		2,628
Social Support		
% cases/contacts living in Immokalee referred to and received resources at HCN testing events		90%

LEVERAGING THE IMMOKALEE PROMOTORA PROGRAM FOR EQUITABLE VACCINATION

In December 2020, partners including CIW, HCN, and PIH began working to build equitable vaccine distribution systems to meet the needs of the local population. Early misfires with vaccine communications and scheduling at the state level left many community members unable to access information and registration. Collier County DOH uses Eventbrite for vaccine registration and appointments; however, the English-only site requires Internet access and know-how; scheduling constraints further limit access for those with non-traditional work schedules. Additionally, an initial vaccination event in Immokalee struggled to immunize local residents. Instead, it was flooded by wealthy residents from outside Immokalee, further exposing the systemic vulnerability that challenges the existing healthcare system as it works to meet the needs of community residents (Soto, 2021).

Once it was confirmed that FQHCs in Florida (such as HCN) would be receiving allocations of the vaccine, partners came together to leverage their existing informational and outreach networks to spread accurate and contextually tailored information about the COVID-19 vaccine, and to enroll eligible and interested community members.

Promotoras identify eligible vaccine recipients and share relevant information as part of their routine canvassing tasks. Through household visits, relationships with local churches, CIW's radio station, testing events, and other

BOX 6

A SNAPSHOT: ENTREPRENEURIALISM AND LEVERAGING COMMUNITY PARTNERSHIPS TO INCREASE VACCINE ACCESS

A *Promotora* in Immokalee runs a local taxi business. At a recent vaccine event, the Florida Department of Emergency Management and Merit, which worked in partnership with CIW and HCN to coordinate the event, hired her company to transport individuals directly to the vaccination site. Her business transported 20 seniors to and from the location to receive their vaccines, who otherwise would have faced transportation barriers.

community organizations, partners identify interested, eligible Immokalee residents and submit lists to HCN for follow-up. HCN then calls these clients directly to schedule vaccination appointments with reminders. Much as they accompany COVID-19 affected individuals to access testing and resources, *Promotoras* also accompany clients through the vaccination process, from information, to sign-up, to reminders, to appointments, transportation, and follow-up.

ENABLERS OF SUCCESS

Reflecting upon the Immokalee program's growth and impact since June 2020, program leadership identified several key strategic decisions as enablers of success.

1. **Fostering Collaborative Learning & Building Linkages:**

When PIH began work in Immokalee at the request of trusted local community organizations including CIW, Misión Peniel and HCN, it entered the program as one of many collaborators with unique and relevant expertise. This coalition combines different specialties and skill sets into a cohesive team of experienced and dedicated partners, each playing an important role and communicating and coordinating clearly with one another to best serve the Immokalee community. The program avoids “reinventing the wheel” by relying heavily on established CBOs who are well-entrenched within the community, able to understand the nuances of serving this population, and well-placed to overcome obstacles. It builds long term capacity by connecting partners and supporting the systematic linkages to elevate smaller organizations and increase program efficacy.

For example, including representatives from CIW in HCN's training sessions as well as in routine program check-ins helped catalyze both philosophical and practical shifts in HCN's approach to health delivery in Immokalee. The nuanced, hyper-contextualized insights that CIW staff can provide on the particular structural vulnerabilities of migrant farmworkers and other essential workers in Immokalee around COVID-19 shifted the emphasis of HCN's approach away from education and towards case management and navigation. The CIW carries decades of experience conducting household and community outreach visits to organize Immokalee residents, and sharing these best practices around where to go when, how to introduce oneself and build trust, and even what language to use when describing where testing events are located in the community, are crucial to the *Promotoras'* success. These multi-layered learning relationships bolstered not only individuals and organizations, but also the program as a whole.

2. Flexible Program Design: The Immokalee program has transformed immensely in just a few months. Partners learn from one another, then build and change systems accordingly. While the program was originally founded on *Promotora* canvassing, the nature and scope of those

visits changed over time to include additional case management and case investigation responsibilities, as well additional connections to continuously improve and expand social supports access. Partners pivoted to add mobile testing components once it was clear that state-level testing systems were inadequate and ill-designed for the Immokalee community, and they are now working to inform, connect, and accompany eligible and interested people to become vaccinated against COVID-19. Feedback from *Promotoras* on community needs, collected through deliberate reporting described above, was critical to identifying needed modifications. Program flexibility was facilitated by close collaboration between partners, open channels of communication, and commitment to cross-organizational coordination.

3. **Accompaniment through the Entire Cascade of Care:**

Partner organizations within the multi-organizational team collaborate to connect the elements of the COVID-19 care cascade and promote a comprehensive, cohesive, and progressive response to the pandemic in Immokalee. *Promotoras* associated with HCN meet community members for the first time while out canvassing, where they share information, identify needs, and promote services such as testing, vaccination, and social support. The CIW builds upon its existing trust by announcing services on their radio station and providing information to migrant workers during farm-based education sessions. These same people then arrive at testing events, where they are greeted by *Promotoras* who they recognize, and are provided with information that is linguistically and socially accessible. If they test positive, they are connected directly to Misión Peniel for social support and followed throughout their isolation period by the *Promotoras*, from check-in phone calls to food drop offs. All of the partner organizations work together to ensure that these steps are connected, and each person is accompanied throughout the entire COVID-19 care cascade. This accompaniment model allows the program to maintain services like testing and case management, even as vaccinations are rolled out, because the workstreams are all intricately intertwined.

ADDRESSING CHALLENGES

Challenges arise in any program, especially one designed to address an unprecedented pandemic and in the context of pervasive historical inequities affecting the local community. The coalition of partners addressed challenges with resource allocation, inclusive program design, and testing accessibility. Lessons learned include:

- 1. When limited statewide recognition of persistent inequities prevents effective and equitable distribution of resources, rely on community partners who have local insight and the ability to pivot to meet changing needs:** The public sector COVID-19 response in Florida, which is largely driven by county health departments, relies on high-level decision-makers based in Naples who often lack an understanding of the complex situation and devastating impact of COVID-19 in Immokalee. Government officials have denied offers of extra resources for Collier County despite massive gaps with regards to testing, case management, contact tracing, and vaccine planning (Freeman, 2020). Decisions are generally made from Naples without local community consultation, resulting in systems that do not make sense for Immokalee's population.
- 2. When existing public health infrastructure is limited and prevents effective solutions within current systems, enlist the expertise of local organizations with deep community knowledge and the relationships necessary to convert ideas to action. Improve interactions with a coordination role:** In Immokalee, limited local resources and infrastructure inhibited the ability to build care resource systems that are integrated into existing public health networks. The state ownership of contact tracing data and positive test results, for instance, meant that local systems were unable to act on that information. In the context of the COVID-19 pandemic where state systems were quickly overwhelmed, this meant that many individuals who became infected were insufficiently connected to the information, clinical care, and social support needed to improve their own health outcomes and limit transmission.

To address these pervasive challenges, partners including PIH, CIW, Misión Peniel, HCN, and others built a hyperlocal COVID-19 response relying on community understanding, long-standing relationships, and flexible systems that can accommodate changing needs. Additionally, partners lobbied extensively on behalf of the Immokalee community to expand awareness of resource needs and advocate for preferential access to care, treatment, testing, supportive resources, housing, and vaccination. Notably, in light of the state's decision to exclude essential workers from vaccine distribution prioritization (a deviation from CDC guidance), partners have advocated strongly for the state to include farmworkers and other essential workers in early vaccine rollout phases (Asbed and Palazuelos, 2021).

In light of an insufficient infrastructure with which to align programs, it is essential to depend on local partners who are able to communicate and collaborate to leverage their relationships to form independent, responsive programs. Each organization bears responsibility for the areas within their unique skill set, but remains open to assistance and outreach from their other organizations within the community network. In this case, PIH served a coordination function, helping to maximize the partnership within the consortium of organizations.



Martha Rafael, left, listens to María Plata, Lead Health Promoter for Southwest Florida with Healthcare Network, as she speaks about COVID-19 social support services in Immokalee in December 2020.

- 3. When a tendency to concentrate efforts for the most visible groups emerges, include the full diversity of vulnerable groups in the design, development, and execution of programs:** In the Immokalee response, blind spots in COVID-19 response emerged due to a lack of recognition of the many groups that make up the Immokalee community in addition to migrant farmworkers. While the area is home to a community of migrant farmworkers (best known in the media from CIW's work in preventing and addressing human rights violations in the agricultural industry), it is also home to many more people who are not migrant workers, but still face structural vulnerabilities. This includes unhoused populations; other essential workers employed in packaging houses, landscaping, construction, and other industries; and Haitian individuals who have lived in the area for decades and no longer migrate for work but who still experience social and economic turmoil due to inaccessible housing, lack of quality work opportunities, and systemic racism. This lack of recognition has led to blind spots in the ongoing COVID-19 response when efforts are focused solely on supporting migrant farmworkers without acknowledgement of the other groups that make up Immokalee.

Recognizing these missed opportunities to serve the full community, partners made a concerted effort to seek input from diverse groups across Immokalee (including but not limited to migrant workers) to advance an equitable pandemic response for all. For example, when partners realized the Haitian community was under-represented at testing events, they scheduled at

least one testing event per week in neighborhoods with many Haitian residents. The program also received a small grant from one foundation to distribute food vouchers at testing events to not only incentivize testing, but also to provide a much-needed form of social support for those experiencing food insecurity. Rather than ordering gift cards from the local chain grocery store, partners purchase the vouchers from local Haitian businesses to support the community.

- 4. When facing an inaccessible testing landscape ill-designed to accommodate the community, provide resources to connect individuals to testing and amplify opportunities with culturally appropriate testing events and resources:** Moving from the DOH's primarily PCR-based testing system to a rapid testing-based system from December 2020 into 2021 is a meaningful programmatic advancement that helped address many obstacles to testing encountered by community members. However, it also demanded that partners rethink the structure of testing events. The revised events now feature a separate results table operated by a team of Creole-speaking and Spanish-speaking *Promotoras* who inform patients of test results confidentially. If an individual tests positive, promoters are able to refer the individual immediately to Misión Peniel for assistance navigating the isolation process, and help troubleshooting obstacles that he or she may face over the next 10 days. Often, the same *Promotora* who gives a person his/her result follows up the next day on the phone; this relational continuity encourages trust between residents and the health team.

CONCLUSION

Migrant and essential workers in the U.S. are a major part of a massive economic system that feeds and serves millions and generates wealth for many. However, the COVID-19 pandemic has made it clear that these workers' lives and labor are grievously under appreciated. In the face of challenges facing the public health system, trusted local community-based organizations and care delivery groups banded together with PIH to develop a best-in-class public health response employing proven methods: testing and tracing systems that work on the patients' schedule; face-to-face outreach by peers who have been hired as a professionalized community health workforce (*Promotoras*); and access to social supports that begin removing the financial and structural barriers preventing the most vulnerable from making the best decisions possible for healthy lives.

Recognizing the importance of social support to an effective public health response, the Immokalee Program's relentless efforts to provide fundamental resources like food and financial assistance reached thousands and enabled many to safely isolate or quarantine. The Immokalee Program's success is a model for other jurisdictions whose communities have been denied access to COVID-19 response infrastructure and are looking for ways to support families and bridge the gaps in care—and a testament that grassroots collaboration works. Feedback from one migrant worker said it best: "This system feels different now. They speak to me in my language and in a way that shows they understand and actually care; it just feels like family."

For additional information, please contact the U.S. Public Health Accompaniment Unit, Partners In Health, at learningcollab@pih.org

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APPENDIX

APPENDIX A: PROMOTORA TRAINING SCRIPTS

SCRIPT #1: TYPICAL HOUSEHOLD VISIT – COVID-19 INFORMATION & OUTREACH

Reminders:

- ☐ Remember to be compassionate and empathetic. Living under COVID-19 in Immokalee and seeing so many news reports about the severity of the pandemic may cause people to feel a variety of intense emotions when discussing COVID-19.
- ☐ This script is just a guide. What is much more important than following this pattern is understanding what each individual is concerned about, and tailoring your messaging to their priorities. And of course, making each person you visit feel comfortable and open to talking with you.

INTRODUCTION & EXPECTATIONS

Promoter: “Hello, good morning! My name is [BLANK], and I’m a health promoter working with the Healthcare Network of Southwest Florida. How are you doing?”

Resident: “I’m alright, you know how it is. What can I do for you?”

Promoter: “Happy to hear it. Well, I am here to share health information about COVID-19 and supportive resources that are available for members of Immokalee. As you may be hearing and seeing on the news, Immokalee has become quite a hotspot for COVID-19, and we want to do our part to help our community be prepared for the virus. Is now an okay time for you?”

Resident: “Sure, I have a few minutes before I have to go into town.”

Promoter: “Great, it should only take a few minutes. I don’t want to keep you from your errands. To start, may I ask what have you already heard about coronavirus? Is there anything in particular you’ve been wanting to learn more about?”

Resident: “Oh I so appreciate you coming by! I have been hearing a lot about this virus on the radio and in the news, and it would be helpful to know that is true and what is not. And just last week, one of my friends from the farm got sick, and I’ve been wondering how testing works and what options my family and me have.”

Promoter: “I’m so sorry to hear about your friend—I hope they are doing better. But thank you for sharing! With so much information out there, all of us are learning more all the time, so it’s ok and even expected to have questions. In our experience, *most* people in Immokalee seem to want to know more about coronavirus and what they can do about it, and that is exactly why we are out here in the community as health promoters.”

Resident: “That makes sense to me.”

Promoter: “Excellent. Before we continue on, I just wanted to check in on a couple things. First, which language are you most comfortable speaking?”

Resident: “I speak both Creole and English, but English is OK.”

Promoter: “Thank you. We have health promoters who speak a few different languages, so if you ever feel more comfortable having someone who speaks Creole, I can ask one of my other colleagues to come by at some point this week, no problem. As for my other question, is anyone else home right now who might also want to learn about coronavirus?”

Resident: “I wish there were! My husband does landscaping in Naples, so he won’t be back till late. But I know he is worried about this, too.”

Promoter: “Of course, I understand. Well, before I leave, I’ll be sure to give you a pamphlet that you might be able to share with him tonight when he gets home, and I encourage you to share what I tell you with him, too. We can all be health promoters in our own ways!”

Promoter: “If there’s nothing else, let’s get started! And please feel free to interrupt me at any time if it would be helpful to explain more or repeat anything.”

HCW: “I also want you to know that I am a nurse, but I am here primarily to provide you with information and resources. However, if you are experiencing any medical problems, I will do my best to help you get connected to healthcare.”

Non-HCW/Promotora: “I also want to make sure you know that I am **not** a doctor or a nurse. I cannot provide you with any treatment for medical problems, but if you are experiencing anything, I will do my best to help get you connected with someone you can.”

There are several important takeaways from this section – in fact, in many ways the introduction is the most important part of the whole visit because this is where you as a health promoter make your first impression on the household. To help encourage people to open up to you and trust you with their questions, it is important to make space for personal connections as well as professional connections – ask them how their day is going, show interest in their life and family, etc, before going into your role and COVID-19. Other important areas to cover (in whatever order makes sense) are clarifying the resident’s language preference; explaining the scope and limits of the health promoter’s role; assessing what knowledge the individual already has and any specific questions they have; and laying out clearly how much time the visit is expected to take. When done together, all of these pieces should help set you up for a successful visit.

GENERAL COVID-19 OVERVIEW

Promoter: “Ok, so what exactly is this COVID-19, or coronavirus? It is a new virus that is now in almost all the countries in the world, all the states in the United States, and all the counties here in Florida. It can cause many types of symptoms, but mostly affects our breathing and causes fever, cough, or trouble catching your breath. It spreads from an infected person when they cough, breathe, sneeze or touch a surface that other people then touch. COVID-19 is extremely contagious, and it spreads very easily through contact. Luckily, most cases are mild or moderate and many people don’t even need to be in the hospital. However, for some, it can develop into a bad infection in our lungs - this is called pneumonia - and these people need to go to the hospital for medications, and even for help to keep breathing okay.”

Resident: “I had heard about this on the radio - they say some people even need machines to help them breathe.”

Promoter: “Right! It’s just a small portion of people with the virus who need that, and most of the time, it’s the people who are more vulnerable - people with other diseases in addition to COVID-19, or older people. However, even young people can sometimes get hit severely, which I know can be scary to think about, especially when people we know are getting infected. So that’s why we want to avoid getting infected as much as we can! As you can see from this picture, there are many small droplets that we release all the time when they sneeze, or cough, and that’s how people get infected—from breathing them in through our nose, or if the droplets fall on food or a surface we touch, and then we touch our eyes or nose. Once in the body, it begins to multiply and spread to other areas like our lungs. It’s a strong little bug, and can live in the body for 2 to 14 days before we show any signs of the virus.”

Resident: “That’s another thing I have been seeing shared on Facebook. It’s true then, that some people have the virus but don’t show symptoms?”

Promoter: “You’ve done your homework! Yes, it is possible for people to have coronavirus and not know it, and still be transmitting the virus to others. In fact, if I put 10 people in front of us who had coronavirus, it’s possible that only 2 of them would have symptoms. That is why we all need to take our precautions to avoid spreading it, because it’s hard to know who has it and who does not.”

Resident: “Ok, that is helpful to know. During the last few weeks when I was still going to the farm, I had been thinking about that while on the bus next to the other workers who seemed like they were healthy...I was trying not to worry.”

Promoter: “I hear you, it’s hard and can be a lot to think about these things all the time. But you bring up a really good point about the farms and buses that we’ll talk about next. Before we move on, though, what questions do you have about what we just talked about?”

The goal of the previous section is to provide a broad overview of COVID-19 to the resident while still doing our best to keep our visit as a conversation and not a lecture. Rather than share all our information at one time and in one specific order, it helps to follow the flow of the resident and respond naturally to what they bring up, like this resident's questions about respirators and asymptomatic spread. As a health promoter, it's also valuable to find space to validate the household residents when they bring their own knowledge into the conversation and encourage them to continue to seek out information on their own. Before moving on to new topics, it's also a good practice to pause and allow for questions.

COVID-19 IN IMMOKALEE

Promoter: "Those were great questions, thank you. Now I want to come back to that wise comment you made about the buses, because that's a really important point. As we've been hearing from the Department of Health and other health workers, Immokalee has many cases of COVID-19—more than any other part of Collier County, and more than most other parts of the state. Why do you think this is?"

Resident: "I am not too sure, but I would imagine it has to do at least a little with our work. Most of my neighbors here worked in the farms when they were still harvesting, and we spend a lot of time close together traveling and picking."

Promoter: "Exactly—that is one part of it. Here in Immokalee, we have a community of many essential workers who work in farming, landscaping or other businesses where we have had to keep working during coronavirus, work that brings us in close contact with each other. As we just talked about it, that close contact can help spread COVID. It's the same thing, too, for how many of us are forced to live - there's not much room in trailers to keep our distance from each other, so if one person gets sick, everyone can get sick."

Resident: "I hear you, and that's something I worry about a lot. But my neighbor was just saying the other day that because we work in the fields, we in Immokalee are strong and even when we get the coronavirus, most of us aren't getting too sick. Is that true?"

Promoter: "That's an interesting point, and I wish I could say that it was completely true. But, unfortunately, what we are seeing nowadays is that a lot of people from Immokalee are still getting sick enough to go to the hospital and are even dying - even young people. So even though our people are strong, we still have to take all the measures we can because the virus can be strong, too. And if some people only get a little sick, they can also still spread it to other people in the community who might be less strong."

Resident: "So what do we do? So what can we do to prevent it?"

Promoter: "I'm glad you asked - we will get to that next, and there are many ways to do so that will help us get this virus under control. But before then, do you have any other questions about why we are seeing so many cases in Immokalee?"

The goal of this section is to make sure that people appropriately understand the severity of the COVID-19 situation in Immokalee. The challenge is presenting that information in a way that does not scare residents or make them feel hopeless. Though measures like hand-washing and wearing masks are important (as we will cover in the next section), they are not the only nor the primary determinants of disease spread in Immokalee—the larger social conditions of the community are contributing to what is going on, and as a health promoter, it is important to draw attention to those connections so that the community understands why they are at higher risk. It does not serve us to minimize the problem either—pointing out the number of hospitalizations and deaths from Immokalee can be another way to motivate people to take action.

PREVENTING COVID-19

Promoter: “So what do we do to stop coronavirus? There are many things. Please remind me, as we talked about, how does coronavirus spread?”

Resident: “From those small droplets that you showed on the picture getting into our eyes, our noses, or our mouths.”

Promoter: “Exactly! And those droplets come from the air or from our hands after we touch an infected surface. So the best ways to stop it are by stopping those pathways in different ways. There are few main tools we have to use: washing our hands, wearing a mask, cleaning surfaces like doorknobs and counters, and practicing social distancing. What you heard about these options?”

Resident: “I always have my husband and my kids wash their hands as soon as they get home, we are very good about that. And I keep our rooms very clean. But I have some questions about the masks. Some people at work told me that only sick people have to wear them, but then some other people said that we should be wearing them all the time. What’s the right answer?”

Promoter: “That is a good question! The recommendations from our health officials have changed since the coronavirus started spreading as we learn more information, so that might be why you have heard different things. As of now, given that Immokalee is having so much spreading, the CDC recommends wearing cloth face coverings in any public settings where social distancing measures are difficult to maintain—like grocery stores, work, or any other big gatherings. And like we talked about with the symptoms, it’s hard to know if you’re sick because many people don’t have symptoms, so it’s everyone’s business to wear a mask and keep from accidentally spreading the virus. If you need a mask, there are some available at the Department of Health.”

Resident: “That makes sense. We will be sure to wear them when we go out.”

Promoter: “And I am so happy to hear that you are handwashing so well—that’s such an important measure, and is just as important as wearing a mask. Just for a quick review, we recommend that people wash their hands for at least 20 seconds, and do so before meals, after using the bathroom, and as you said perfectly, after coming back home. We also want to be very careful about touching our faces if we haven’t washed our hands.”

Resident: “Thanks. It’s hard when at work sometimes to find places to wash our hands, but we try our best when we are at home. Tell me more about social distancing, though, because this is what I am worried about. How can I social distance when I am riding the bus, and like you said, when we live so close together here at our home?”

Promoter: “Definitely, and we’ll finish by talking about some different options that might help social distancing more doable for you based on your situation. But in general, social distancing means limiting physical contact with other people. It does not mean total isolation—that would be very hard for a lot of reasons! But it does mean trying to keep 6 feet from people when we are out in public, and not going into group settings if we can avoid it. If we have to go into group settings for work or for other reasons, we can minimize our risk through the other measures like wearing masks and washing our hands as best we can.”

Resident: “Ok, I would love to hear about those options—it would be a great help. Is there a difference between social distancing and isolation? I hear a lot about that, too.”

Promoter: “Great question. This can be very confusing, because a lot of these words sound the same. Let’s think of 3 buckets—social distancing (which we covered), quarantine, and isolation. **Social distancing** is for EVERYONE—whether you have been exposed, tested, or not—and helps the whole community minimize exposure to COVID. **Quarantine** is used to keep someone who might have been exposed to COVID-19 away from others. Experts recommend for 14 days. Quarantine helps prevent spread of disease that can occur before a person knows they are sick—because it can take a while for symptoms to develop—or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department. As we’ll discuss soon, if for whatever reason, it’s hard to take quarantine safely at your home due to having too many people around or other reasons, there are systems in place to help people practice this safely and protect their loved ones. **Isolation** is used to separate people infected with the coronavirus and have been confirmed with a test (those with and without symptoms) from people who are not infected. People who are in isolation should stay home until it’s safe for them to be around others. In the home, anyone sick or infected should separate themselves

from others by staying in a specific “sick room” or area and using a separate bathroom (if available). Experts recommend ending isolation once the person has had improvement in their symptoms, 1 day without fever or the use of fever-reducing medicine, and it has been 10 days since symptoms first appeared. Similarly, there are resources in the county to help people isolate who cannot isolate in their own home. We just covered a lot of information there. What questions do you have?”

The main takeaways for this section are to emphasize the measures that can either prevent COVID-19 altogether or minimize risk of continued infection spread. As a health promoter, this section (in addition to the section that follows) are what is most going to address the impact of COVID-19 in Immokalee. However, it is also important to understand what people’s limitations are to practice and adhere to these guidelines, particularly in Immokalee, and as such, it may not be as simple as just reading these guidelines and sharing information. As much as is within your ability, make space to listen to households’ concerns and questions and help point them in the direction of solutions. It may be helpful to employ a “teach-back” method here, too, where you ask the person to summarize back to you what the 4 measures to prevent COVID-19 are, or to try to explain which type of person should be practicing social distancing vs quarantine vs isolation.

RESOURCES FOR TACKLING COVID-19 IN IMMOKALEE

Promoter: “Those were great questions, and it’s really admirable how seriously you are taking COVID-19 prevention. That kind of commitment among all of us is going to help us stop this virus from causing more harm in Immokalee. Now that we’ve covered what measures we can take on our own as community members, I know want to finish by sharing what resources are available through the Department of Health to help you. How does that sound?”

Resident: “Great! This is what I have been waiting for. After hearing how about how COVID-19 is spread, I’m really worried about my friend from the farm who had it and whether I might have been exposed. So learning about testing will be really helpful for me.”

Promoter: “Of course, let’s start with testing then! Testing is available at the Collier County Department of Health building from 9 AM - 1 PM on Sundays and Mondays and 3 PM - 7 PM on Tuesdays. Anyone can get tested—regardless of if you have symptoms or not—and the testing is free and confidential. They do not share your results or personal information with immigration officials, and you do not need to be a documented citizen in order to be tested. You do not need a referral to get tested. Additional mobile testing will be coming soon, and sometimes there are pop-up testing events as well. Listen to the radio to stay up to date on where those testing sites will be!

Resident: “Ok, maybe I will try to go today then. What happens after I get tested? And honestly, could you tell me more about what the results mean? At work they were saying that people might need two negative results to come back to work if they get sick, but others were saying that a negative result might not be reliable? What is true?”

Promoter: “These are really important questions. When you get tested, you will provide your name, date of birth, and a phone number so that someone from the Department of Health can contact you with your results. This can take anywhere from 2-7 days—it depends on how quickly lab results get back. You will now get a phone call whether you are positive or negative, so be sure to answer. If you tested negative, this means that you very likely do not have the virus, which I’m sure would come as a relief. However, this does not mean that you cannot get the virus in the future, and sometimes, there can be issues with the test if you were just exposed within a few days. If you have new exposures, or feel like you are developing symptoms, it is appropriate to get tested again. Otherwise, continue practicing your same prevention techniques and encourage others in your family and neighborhood to get tested, too. Does that make sense?”

Resident: “Yes, thank you, that is very helpful. What if I test positive, though?”

Promoter: “If you test positive, you will also receive a phone call with additional instructions and information from the Department of Health. They should ask you questions about where you think you got exposed, who else you have been in close contact with over the last few days, and whether you are able to isolate yourself in your home where you are now. Remember the resources I had talked about earlier to help people isolate or quarantine? The person who calls you will also ask you questions about your living situation and your home to see if you may qualify for this assistance, so be sure to answer honestly and ask any questions about this process. Right now, there are options for isolation support at a hotel in Naples. I also want to make sure you know that these exist. If you can’t isolate separately from your family in your house, this can be a good option to consider because it will prevent you from spreading the virus to your loved ones.”

Resident: “Thank you, I hope that I don’t have to go down that road, but it’s helpful to have that information. I hear what you’re saying about isolating or quarantining for weeks, and I want to do what’s best for my family and coworkers, but I have to be honest—you know how things can be, we all need to work. Is there any support to help pay bills if I test positive and need to take time off work?”

Promoter: “I appreciate you sharing that. You are not the only one to feel that way or to bring that concern up during the visit. This is such a hard time for all of us. What I can advise you to do is to bring up that issue with the Department of Health when they call you. They know of resources in the community through the United Way, Salvation Army, and other services who might be able to assist with those needs. Before I leave, I will also give you a list of resources and organizations that are supporting folks with various resources for COVID-19. If you do test positive, you may also qualify for support from Mision Peniel, an organization in Immokalee that is providing help with food and rent to positive cases and their families. I will give you their phone number on this resource sheet as well.”

Resident: “That would be such a help. Thank you for taking the time to come visit me.”

Promoter: “This is our job—we are happy to do so. And I encourage you to share this information with your husband and kids, so that they can learn, too! It’s going to take all of us together to take on coronavirus, but I’m hopeful we can do it. If you have any other questions, you can always call the Department of Health’s COVID-19 Call Center at any time of day at 1 (866) 779-6121. And here is a flier on COVID-19 and on resources that you can keep. Is there anything else that I can help you with today?”

*With this last section, we conclude our household visit. As you can see, it is a lot of information, but by following this general format you can be sure to cover the most important points. As health promoters, it is critical that we recognize our role is not only providing **health** information about COVID-19, but also **resource** information that help individuals adhere to COVID-19 measures. This combination of education and social support is what we know is the best recipe for controlling COVID-19, especially in more socially vulnerable communities like Immokalee. Through practice and patience, these visits will get easier and more effective!*

APPENDIX B: SAMPLE HEALTHCARE NETWORK PROMOTORA HOUSEHOLD VISIT DATA COLLECTION TOOL

Data is collected and maintained by the Healthcare Network.

Pre-Visit Questions / Introduction	
1. Address	1. La dirección
2. Did someone answer the door? Yes / No / Vacant / Hazard / Gate	2. ¿Alguien abrió la puerta? Sí / No / Vacante / Peligro / Portón
3. What Languages are spoken in this household? <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Maam <input type="checkbox"/> Other Mayan Dialect <input type="checkbox"/> English <input type="checkbox"/> Other Language	3. ¿Qué idiomas se hablan en este hogar? <input type="checkbox"/> Español <input type="checkbox"/> Criollo <input type="checkbox"/> Maam <input type="checkbox"/> Otro dialecto maya <input type="checkbox"/> Inglés <input type="checkbox"/> Otro idioma
4. Is the person willing and able to speak with us? Yes / No / Language Barrier	4. ¿Está dispuesta la persona hablar con nosotros? Sí / No / Barrera de idioma
Experiences with COVID-19	
5. Is anyone in your home currently infected by COVID-19? Yes / No / Unknown	5. ¿Alguien en su hogar está actualmente infectado por COVID-19? Sí / No / No sabe
6. Has anyone in the home tested positive previously? Yes / No / Unknown	6. ¿Alguien en el hogar ha salido positivo anteriormente? Sí / No / No sabe
7. Has anyone in your household been exposed to COVID in the past 2 weeks? Yes / No / Unknown	7. ¿Alguien en su hogar ha sido expuesto al COVID-19 en las últimas 2 semanas? Sí / No / No sabe
8. If someone in your household did become sick with COVID-19, would they be able to safely isolate? (e.g., safe place to stay, sufficient food, ability to stay home from work, etc.) Yes / No / Unknown	8. Si alguien en su hogar se enfermara con COVID-19, ¿podría aislarse de manera segura? (por ejemplo, lugar seguro para quedarse, comida suficiente, capacidad para quedarse en casa y no ir al trabajo, etc.) Sí / No / No sabe
Resource Needs	
Thank you so much for all that you are doing to keep your family and community safe and healthy. Now, we know that COVID-19 has been difficult for a lot of people physically, socially, and financially. Our team also works to connect households to resources, like food and rent, if you have been affected by this pandemic and would like assistance. How are you doing overall, and are there any resource needs that come to mind immediately?	Muchas gracias por todo lo que usted está haciendo para mantener a su familia y comunidad seguras y saludables. Ahora, sabemos que COVID-19 ha sido difícil para muchas personas física, social y económicamente. Nuestro equipo también trabaja para conectar los hogares con recursos, como alimentos y alquiler, si ha sido afectado por esta pandemia y desea asistencia. ¿Cómo le está yendo en general y hay alguna necesidad de recursos que le venga a la mente de inmediato?

Resource Needs (continued)	
<p>9. Does the person currently have concerns regarding any of the following?</p> <p><input type="checkbox"/> Food</p> <p><input type="checkbox"/> Rent</p> <p><input type="checkbox"/> Health concerns</p> <p><input type="checkbox"/> Obtaining / affording medications</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> No current concerns</p> <p><input type="checkbox"/> Other additional concerns (separate each additional concern with a comma and a space)</p>	<p>9. ¿Tiene la persona preocupaciones actualmente con respecto a alguno de las siguientes necesidades?</p> <p><input type="checkbox"/> Comida</p> <p><input type="checkbox"/> Renta</p> <p><input type="checkbox"/> Su salud</p> <p><input type="checkbox"/> Obtener / comprar medicamentos</p> <p><input type="checkbox"/> Transporte</p> <p><input type="checkbox"/> Sin preocupaciones actuales</p> <p><input type="checkbox"/> Otras preocupaciones adicionales (separe cada preocupación adicional con una coma y un espacio)</p>
<p>10. Would the person like to receive follow up from a Health Promoter to provide additional information about resources and/or a direct referral to a social support organization when applicable? <i>(If so, add to Case Management Tracker as canvassing referral.)</i></p> <p>Yes / No / Unknown</p>	<p>10. ¿Le gustaría a la persona recibir un seguimiento de un Promotor para brindar información adicional sobre recursos y/o una referencia directa a una organización de apoyo social cuando se aplique? <i>(Si es así, agregue al Case Management Tracker como referencia de alcance).</i></p> <p>Sí / No / No sabe</p>
<p>We also know that people with pre-existing conditions are most susceptible to getting very sick from COVID-19 if they do become infected. It's important that these people take extra precautions to follow safety measures like social distancing, mask wearing, and seeking healthcare if they do feel sick. Our team works to support these people, too.</p>	<p>También sabemos que las personas con afecciones preexistentes son más susceptibles a enfermarse gravemente por COVID-19 si se infectan. Es importante que estas personas tomen precauciones adicionales para seguir las medidas de seguridad, como el distanciamiento social, el uso de máscaras y la búsqueda de atención médica si se sienten enfermas. Nuestro equipo también trabaja para apoyar a estas personas.</p>
<p>11. Does anyone in your home have a pre-existing condition like diabetes, high blood pressure, liver disease, kidney disease, or may be immunocompromised?</p> <p>Yes / No / Unknown</p>	<p>11. ¿Alguien en su hogar tiene una condición preexistente como diabetes, presión alta, enfermedad hepática, enfermedad renal o puede ser inmunodeprimido?</p> <p>Sí / No / No sabe</p>
<p>12. Do they have a regular doctor/primary care provider?</p> <p>Yes / No / Unknown</p>	<p>12. ¿Tienen ellos un médico primario?</p> <p>Sí / No / No sabe</p>
<p>13. Would anyone in your household like to be referred as a new patient to the HCN?</p> <p>Yes / No / Unknown</p>	<p>13. ¿A alguien de su hogar le gustaría ser referido como nuevo paciente a la clínica (HCN)?</p> <p>Sí / No / No sabe</p>
Vaccination Questions	
<p>14. Is there anyone in your household who is 65+?</p> <p>Yes / No / Unknown</p>	<p>14. ¿Hay alguien en su hogar que tenga más de 65 años?</p> <p>Sí / No / No sabe</p>
<p>15. Please write the names / phone numbers of any 65+ individuals that would like to be contacted by the HCN regarding vaccination opportunities.</p>	<p>15. Escriba los nombres / números de teléfono de las personas mayores de 65 años que deseen ser contactadas por la HCN con respecto a las oportunidades de vacunación.</p>

Demographic Questions	
<p>We are now going to ask a few demographic questions. We are asking everyone we visit these same questions because it helps us to understand who the virus is impacting and how we can improve our response to meet the needs of the community. However, I want you to know that everything you share is confidential.</p>	<p>Ahora vamos a hacer algunas preguntas demográficas. Les hacemos a todos los que visitamos estas mismas preguntas porque nos ayuda a comprender a quién está afectando el virus y cómo podemos mejorar nuestra respuesta para satisfacer las necesidades de la comunidad. Sin embargo, quiero que sepa que todo lo que comparte es confidencial.</p>
16. How many people in the home are 18 years of age or older?	16. ¿Cuántas personas en el hogar tienen 18 años o más?
17. How many people in the home are younger than 18 years of age?	17. ¿Cuántas personas en el hogar tienen menos de 18 años?
18. What races are represented in the household? <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian and Pacific Islander <input type="checkbox"/> Some Other Race	18. ¿Cuáles razas se encuentran en este hogar? <input type="checkbox"/> Blanco <input type="checkbox"/> Negro <input type="checkbox"/> Indio Americano o Nativo <input type="checkbox"/> Asiático <input type="checkbox"/> Nativo de Hawái o de las Islas Pacíficas <input type="checkbox"/> Alguna otra raza
19. What ethnicities are represented in the household? <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic / Latino <input type="checkbox"/> Unreported / declined to answer	19. ¿Cuáles etnias se encuentran en este hogar? <input type="checkbox"/> Hispano / Latino <input type="checkbox"/> No Hispano / Latino <input type="checkbox"/> No denunciado / se negó a responder
20. What materials did we provide them with today? <input type="checkbox"/> Masks <input type="checkbox"/> Gloves <input type="checkbox"/> Educational materials / resources <input type="checkbox"/> Farm worker's package <input type="checkbox"/> None	20. ¿Qué materiales les proporcionamos hoy? <input type="checkbox"/> Máscaras <input type="checkbox"/> Guantes <input type="checkbox"/> Materiales / recursos educativos <input type="checkbox"/> Paquete de trabajador agrícola <input type="checkbox"/> Ninguna
21. <i>For internal use only.</i> Please note which topic(s) that household members were most concerned about and/or interested in learning more. <input type="checkbox"/> COVID-19 symptoms <input type="checkbox"/> COVID-19 transmission <input type="checkbox"/> COVID-19 in Immokalee <input type="checkbox"/> Vaccine Information <input type="checkbox"/> Prevention <input type="checkbox"/> Testing Locations & Hours <input type="checkbox"/> Testing Process <input type="checkbox"/> Support Resources <input type="checkbox"/> What if someone in my house tests positive?	21. <i>Sólo para uso interno.</i> Por favor revise los temas que fueron cubiertos por el Promotor de Salud durante la charla educativa COVID-19. <input type="checkbox"/> Síntomas de COVID-19 <input type="checkbox"/> Transmisión del COVID-19 <input type="checkbox"/> COVID-19 en Immokalee <input type="checkbox"/> Información de la vacuna <input type="checkbox"/> Prevención <input type="checkbox"/> Horas y ubicaciones de la prueba <input type="checkbox"/> Proceso de la prueba <input type="checkbox"/> Recursos de apoyo <input type="checkbox"/> ¿Qué pasa si alguien en mi casa da positivo?
<p>Thank you for your time today. We hope you found our being here helpful. If you have any questions in the future, you can always call our COVID-19 hotline. The number is in the papers we gave you.</p>	<p>Gracias por su tiempo hoy. Esperamos que nuestra visita le haya resultado útil. Si tiene alguna pregunta en el futuro, siempre puede llamar a nuestra línea telefónica de COVID-19. El número está en los papeles que le dimos.</p>

APPENDIX C: IMMOKALEE RESOURCE PAMPHLET

Note: This is a screenshot of the first page of the 7-page Immokalee Resource Pamphlet. To request the entire document, please contact the U.S. Public Health Accompaniment Unit, Partners In Health, at learningcollab@pih.org

Food, Clothing, & Financial

Organization	Description	Location	Process to Attain Resources
Casa Maria Soup Kitchen	Provides free hot lunches for homeless individuals and migrant workers.	211 S. 9th Street Immokalee, FL 34142	Free hot lunch Monday through Friday at the Casa Maria Soup Kitchen. Call for confirmation. Contact Phone #: 520-624-0312 Email: casamariatucson@yahoo.com
COFFO Coalition of Florida Workers	Work to enhance living and working conditions of migrant and seasonal farmworkers and the rural poor in Florida. Food pantry Tuesday and Thursday. Afterschool programs, immigrations services.	214 S. 1st Street Immokalee, FL 34142	All applicants must: •Have a total household gross income of no more than 200% of the Federal Poverty guidelines. •Be responsible for paying their home heating or cooling bills. •Be a resident of any one of the following counties: Collier, Miami Dade. •Have a valid ID. HOW TO APPLY: Application may be made (1) in person (via appointment only, call #) or (2) online at www.coffo.org . When applying for assistance, you must bring: -Photo ID for all household members over 18 years of age. -Social Security Cards for all household members. -Proof of Income for the past 30 days for all household members (no bank statements). -Complete Light Bill (Final Notice). -Food Stamp Approval Letter (If receiving assistance). -Rental (Letter from landlord stating rent is due with dates)
Cultivate Abundance	Faith-Based organization addressing food insecurity and other livelihood challenges in low income, migrant farmworker communities.	208 Boston Avenue PO Box 1204 Immokalee, FL 34142	CALL FOR IMMOKALEE SCHEDULE Partners with Mision Peniel. Email: info@cultivateabundance.org
Guadalupe Social Services of Catholic Charities, DOV; includes Casa Maria Soup Kitchen	Provides direct assistance, financial aid for utilities and rent, Immigration Services, Food Pantry, Guadalupe English School, Shower Program, Holiday Food Distribution, Crib & Stroller Program, Pantry on Wheels and clothing room	211 S. 9th Street Immokalee, FL 34142	For qualification & registration, contact phone number or email. Have begun to partner with Catholic Charities-- includes Guadalupe Social Services/Casa Maria Soup Kitchen; can go to get hot meal every day via soup kitchen, but can only take food home from pantry once a month During Thanksgiving, Christmas, and Easter holidays, hundreds of low-income families are given special food items. Contact Phone #: 239-657-6242 Contact the person of contact: Peggy Rodriguez (peggy.rodriguez@catholiccharitiesdov.org)
Immokalee St. Matthew's House	Provide Meals at The Common Kitchen/Emergency Shelter, Services/ Laundry/Shower. Open 24 hours a day, 7 days a week. St. Matthew's Thrift Store located next door to St. Matthew's House, with clothing, etc. Justin's Place is an abuse recovery program.	602 W. Main Street Immokalee, FL 3412	CALL FOR IMMOKALEE SCHEDULE Meal Schedule Morning Coffee: 5 a.m. Lunch: Sunday 1:00 – 1:30 p.m. Dinner: Every day 5:00 – 5:30 p.m. At location: 2691 Airport Rd South, Naples, FL 34112 For updated food pantry pick-ups call number below. Contact Phone #: 239-774-0500, 239-657-4090
Mida Ministry	Hunger-relief network transport and distribute donated food and other grocery products through programs of mobile food pantry and programs. Food pantries, mobile pantries, senior programs and disaster relief	3555 White Blvd. Naples, Florida 34117	NEW, CALL FOR IMMOKALEE SCHEDULE Mobile Food Pantry Locations: • Every Wednesday at 1:00pm at Community Center Coronado Parkway and Golden Gate Parkway • Every Saturday at 7:00am at Sunshine Blvd Collier County To contact, fill out contact form on website: https://www.midaministry.com/Contacts/
Mision Peniel, A Mission of the Presbyterian Church USA	-Weekly hot meal, food pantry, clothing, and hygiene product distribution on Fridays . Community garden produce distributed on Fridays . Weekly meal delivery to homebound and disabled. -Worship on Sundays, 5pm. Women's fellowship on 1st and 3rd Wednesdays, 11-1:00pm in Spanish. Children's ministry the first Friday of every month, 3-5:30pm. Counseling for farmworkers and families. Music Academy for youth to begin in 2021	208 Boston Avenue PO Box 1204 Immokalee, FL 34143	Go to address for weekly hot meal distribution every Friday from 3:30pm-6:30pm. Contact Phone #: 239-633-2181
Salvation Army	Provides: Food Pantries, Christmas Tree Programs, Emergency Disaster Services, Emergency Financial Assistance, Holiday Food & Toy Distribution	2050 Commerce Ave.#8 Immokalee, FL 34142	Bring valid ID. Food & financial assistance by appointment only. For more information, please call (239) 775-9447. Social Services and Food Pantry (includes Baby Food and Diapers) Monday, Wednesday, Friday, 8:30 a.m. to 11:30 a.m. and 1:00 p.m. to 2:30 p.m. Food Assistance - 8:30 a.m. - 2:30 p.m., Monday - Friday. Call to confirm.
The Amigo Center	Assisting with food pantry, with food stamp applications, clothing, English Classes, Immigration Services, Computer Lab, Translation/Interpretation	106 S. 2nd Street Immokalee, FL 34142	In Immokalee, our formal food pantry hours are Wednesday, 9am-12pm and 1-4pm. In contract with the Harry Chapin Food Bank (call Harry's at (239) 334-7007 for information.) Amigos Contact Phone #: (239) 657-1111