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A Health Education Program for Migrant Children

[Note from the Field]

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Migrant farm workers are a hidden but essential subgroup in the United States. They often live in conditions considered unacceptable by most Americans and have poor access to basic social services. Barriers like language, culture, lack of transportation, lack of information, and even prejudice lock them out of the health care system.

Clearly, preventive medicine is a cost-effective means of improving the health of the migrant population. Preventive medicine refers not only to prenatal care, immunizations, and early screening, but also to promoting healthy lifestyles and personal habits. As a result, health education is an indispensable part of any program designed to improve a group's health status.

Most outreach programs emphasize adult education. Yet it is the children who are the easiest to reach and most likely to benefit from health education. First, children are still forming their personal habits. Second, they reach across cultural and language barriers more easily than adults. Third, they will be more likely to incorporate health information the earlier and more they hear it. Finally, they help the program to reach adults. Parents respond favorably to those who care for their children.

An outreach program called SEARCH has been developed in rural Louisiana by the Southeast Louisiana Area Health Education Center to improve the health status of an estimated 3000 migrant farm workers. As part of this program, a special health education curriculum for children was developed. It was estimated that approximately 300 migrant children lived in the area. The classes were taught in Spanish during the summer in the homes of the migrant farm workers.

Teaching in the home proved beneficial. It was easy to locate groups of children since the homes were located in clusters. It was also convenient for the children to attend. The classes were informal and fun. It was possible to identify problems in the home environment, take corrective action, and to measure improvement during subsequent visits. Finally, parents would sometimes observe the classes, thereby increasing their own health awareness and the visibility of the outreach project.

The success of the program depended on flexibility since the classes sometimes included children with ages ranging from 3 to 14 years. Handouts, activities, and an outline were planned for each subject, but individual classes were tailored to meet the needs and attention spans of the children present. Older children were encouraged to help teach younger ones.

Participation was also important. The children made masks of germs for the class on infection and puppets for the class on dental hygiene. They discussed pictures on a flip chart for the class on lice.

The lessons were reinforced with repeat visits. Each class started with a review of previous material. At the end of a class, the lessons were summarized with homemade pictures and other materials. It was possible to show increasing familiarity with the information over time.

Finally, developing trust and gaining the acceptance of the families were essential; otherwise, it would have been impossible to enter their homes or teach the children. A young Mexican who had been a migrant farm worker was employed by the SEARCH project. He understood the culture and lifestyle of the farm workers and was trusted by them. His participation in the project greatly facilitated acceptance.

The classes covered topic areas such as personal hygiene, nutrition, car safety, and smoking. Personal hygiene classes focused on washing hands, wearing shoes, brushing teeth, and avoiding lice. Nutrition classes were tailored to children by dividing the foods up into "go foods," "grow foods," and "glow foods," rather than the conventional groups in the food pyramid, which are more difficult for young children to grasp. Safety classes emphasized wearing seat belts and avoiding moving cars, along with poison and fire safety. The smoking classes were given only to older children. In the future, classes might also be given on exercise and pesticide safety.

It was difficult to find children's health information in Spanish, so most of the material was homemade. This worked well because it was tailored to fit the classes, and the cost was minimal.

Although the success of the program was difficult to measure quantitatively, it was possible to note the following improvements in personal habits:

- Apples were handed out at the end of many classes. At first, some children resisted having to wash their hands before eating; later they responded to a small reminder, and by the last class many children no longer needed reminders.
- At first, none of the children wore shoes outside. By the end of the program they all did.
- At the beginning of the summer, many children had open cuts. By the end of the summer, the cuts were covered.
- The children appeared cleaner by the end of summer.
- Initially, the children often remained in the driveway as cars backed in and out. After the car safety class, they would cling to the house or go inside.
- The children eagerly pointed out their changes in behavior as the summer classes progressed. They enjoyed making an effort to follow the new advice.

The project was also successful in increasing the visibility of the SEARCH project to the parents, expanding contacts within the community, and filling an important gap in the program, that is, communication with children.

The project was initiated during the summer of 1994 on a trial basis. After evaluating the success of the project, the outreach program directors decided to continue the child health education project every summer, involving area students as teachers. It has been estimated that a maximum of \$3000

has been spent to date to develop the program. Much less will be required to maintain the program in the future.

The program receives its funding from a Rural Health Outreach grant that was obtained from the federal Office of Rural Health Policy. The SEARCH project has recently received additional funding from the state of Louisiana to expand services to migrant farm workers.

In conclusion, a health education curriculum for children of migrant farm workers was developed in rural Louisiana. The children were receptive and benefited from the information. It is valuable to teach children health messages because they are impressionable and it is possible to change their behavior.

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