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A SCHOOL HEALTH PROGRAM FOR CHILDREN OF SEASONAL AGRICULTURAL WORKERS

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Farming is a multi-million dollar industry vital to the economy of the State of New Jersey. It is also a risky business with much of its success depending on something as whimsical as weather, and as unpredictable as man. Little can be done to control the whim of the weather and the farmer has turned primarily to Puerto Rico and Southern United States to supply the vital, but temporary need for manpower.

Thus, every Spring New Jersey plays host to over 20,000 agricultural workers, many of whom bring their wives and children. Approximately 2,000 children ranging in age from 1-16 years enter the State with their parents or guardians for the agricultural harvest. This has presented a serious problem since many of these children are left alone in camp without any adult supervision.

By State Law no worker in the fields may be under twelve years of age. Children over twelve often go into the fields with the parents to help with the picking, thus leaving the younger children in the camps in charge of infants and toddlers.

The bulk of the seasonal work force is needed primarily in the Southern and Central counties of the State. As would be expected, the communities to which the migrant agricultural families come are rural and often limited if not lacking in community facilities such as hospitals, clinics, welfare agencies, day care centers, recreation and public transportation.

The seasonal additional work force meets a vital need of the community, State and the nation, but they also place a burden on small community facilities. These facilities were never set up to handle the demands of the many multi-problem families found among the seasonal agricultural workers. For this reason several of the Departments within State Government have taken an active part in the Migrant Program. However, this article will concern itself primarily with the participation of the State Departments of Education, Health and Labor.

Who Are Our Migrants?

"The terms 'seasonal worker,' 'temporary worker' and 'migrant worker' shall not include any person who is or shall have been a resident of this State and who has had or shall have had all-year-round dwelling place in this State for one year or longer and who dwells in said all-year-round dwelling place while engaging in any seasonal or temporary work."

The migrant laborers may be contract workers from Puerto Rico, members of a crew, or walk-ins. That is the worker may be hired by a third party (crew leader or contractor) for specific employment, or he may seek employment as an independent agent. Usually the worker and family are housed on or near the farm which they are employed. Day-haul workers are also considered part of the seasonal work force. However, day-haul workers are hired on a daily basis and provisions for living quarters are not included.

The New Jersey Legislature passed the Migrant Labor Act in 1945 to improve living conditions of migrant laborers in New Jersey. This Act provided for the Division of Migrant Labor in the Department of Labor and Industry to register and inspect labor camps and enforce the provisions set forth in the Act. Through the efforts of the Division of Migrant Labor, routine inspection of the camps by sanitarians and cooperation of many farmers, the migrant labor camps have taken many forward steps. However, there still exist problems such as overcrowding, garbage disposal and adequate refrigeration. Personal hygiene is generally poor for several reasons: Not all camps pipe running water into the housing unit, there may be only one common water source shared by all camp dwellers, human waste is usually disposed of in a privy. Camp grounds may be cluttered with broken glass and tin cans despite the fact that provisions are made for proper disposal. Adults and children alike often go barefoot in the camp and fields.

In the summer of 1947, the Court Street School in Freehold, New Jersey opened its doors for the first time to children of seasonal agricultural workers. The school was in operation five days a week for a five-week period and attendance was voluntary. Sixty-eight (68) children ranging in age 5-12 were registered that summer. Under the sponsorship of the Department of Labor, the cooperative efforts of the Department of Health and the Department of Education and the dedicated efforts of a few determined, hard working individuals, a handful of children were gathered together to continue, and in some cases, begin their school experience. The Court Street School consisted of four classrooms, two lavatories and one teacher's room, which also served as an office for the Director and the School Nurse. Out of necessity dining facilities were located at a nearby church and the students and staff were transported by bus to and from lunch each day.

Today, seventeen years later the Court Street School is no longer in existence, but four other schools strategically located have risen to take its place. Each school still operates five days a week for a five-week period. The total attendance for 1964 was slightly over four hundred; the age range has also expanded to include 2-15 years. Dining facilities are available in each school and are an important aspect in the school health program.

School personnel has also increased. The schools are presently sponsored by the State Department of Education and a full-time Director coordinates the School Program and works closely with the State Departments of Health and Labor.

Registration

One week prior to and immediately preceding the five-week summer session, the entire faculty have an orientation period of one week. During this period student registration is conducted, school records from previous years are made available and as much health data as possible are accumulated and recorded.

The following methods of registration have been employed and found to be quite successful:

1. Contrary to the usual method of registration, all school personnel visit the neighboring camps and register at the camp site. This serves a two-fold purpose:
 - a. The child is registered for school.
 - b. The staff have an opportunity to observe the living conditions of their prospective students and parents and teachers have a chance to meet at a time and place convenient for the working family.
2. Public Health Nurses assigned to the area alert the school personnel to families who may have missed the initial registration.
3. The Department of Labor and Industry is another source of referral. The sanitary inspectors are continuously visiting camps to detect and assist with any violation of camp sanitation. Frequently the sanitarian will alert the school to the presence of children whose parents desire school admission.
4. The farmer and his family is another interested party. In the past we have found the farmer and his wife to be a valuable link between school and parent.
5. In some instances, parents themselves who are returning to New Jersey and are familiar with the summer school alert other parents.

Registration has taken place both in the later afternoon hours and early evening. It was felt that more families could be reached with the least amount of effort if the camps were visited at a time when most of the workers would be out of the fields and in their cabins. In comparing individual school registration it would appear that the hour of day that the registration is done makes little difference.

What does make a difference in the school enrollment is the school location. Where there are large camps employing family groups there usually is a large enrollment, almost all the children in the camp will attend the school. In areas having small scattered camps, registering is somewhat more time consuming and admission is sporadic and may be prolonged into the second and third week of school.

In addition to enrolling the pupil for school, the parents are requested to sign "Permission Request Forms for Medical Services." This includes permission to allow the school physician to do a complete physical examination, administer any necessary immunizations and any emergency medical care deemed necessary (in the absence of the parent or guardian). Permission for a dental examination is also included.

Who Are Our Students?

The majority of the students attending the summer sessions are children of Southern and Puerto Rican workers. They ranged in age 2-15 years. The largest number of students were in the age group of 5-9 years, the second largest group being 2-4 years. There is a definite drop in school attendance after the age of ten (10). Approximately 45% of the 1964 enrollment were children who were returning at least once. In at least 15 cases the child had returned to a New Jersey School for consecutive years. Many of the children have attended schools in other states with sporadic school experiences sandwiched in between their parents' work engagements. They have been exposed to a variety of school systems and a variety of teachers.

School Health Program

One of the important factors in the program is the cooperation of the New Jersey State Department of Health and the New Jersey State Department of Education in rendering the health services in the migrant schools. The State Department of Education employs a qualified school nurse for each school for the entire school session. The State Department of Health employs a physician and dentist for the school. They also supply the immunization material and tuberculin testing supplies.

Physical Examination

The school physician gives each child a complete unhurried physical examination, and at the same time explains the importance of good health practices and habits. The areas included in the examination are as follows: head, eyes, nose, throat, skin, heart, lungs, abdomen, spine, glands (axillary, cervical, and inguinal) and extrem-

ities. The physician often suspects emotional disturbances, and these as well as all the normal and abnormal findings are recorded on the child's cumulative health record. The physical defects or abnormalities found by the physician are referred by the nurse to the local health agencies or the local physicians participating in the migrant program. Appointments are usually made by the nursing supervisor for a medical evaluation of the abnormal findings and parents are notified. It is usually necessary to provide transportation which is often arranged through local volunteers. If the specialist considers the case an emergency, hospitalization is provided by the New Jersey State Department of Health. If it is not an emergency, the medical findings are referred to the state of residence for further follow.

The school physician screens all the students for tuberculosis using the Tine test method. All positive reactors to the Tine test are Mantoux tested before a chest X-ray is ordered and only the positive Mantoux reactors are X-rayed.

Immunizations

Diphtheria, tetanus, pertussis and oral Sabin vaccine are given yearly to those students that have not been previously immunized. This year for the first time all students who had not been previously vaccinated against smallpox and showed no signs of skin eruptions were vaccinated by the school physician. This proved to be an interesting project. A total of 112 children were successfully vaccinated.

Dental Health

The New Jersey State Department of Health provides the services of a dentist, dental assistant and a dental student. All students receive dental examinations, topical application of fluorides and restorative services. Dental education health is provided by the dental students on an individual basis. They demonstrate proper brushing technique and care of personal toothbrush. Posters which were developed in the school were used with the students to show the relationship of nutrition to good health habits. Students are provided with tooth paste, toothbrushes and charts for recording their progress.

School Lunch

The regular "Type A" lunch was provided free to all students by the New Jersey State Department of Education. Each morning the students are given a half pint of milk. The entire school personnel integrates the school lunch program with the total education program to promote good nutrition, good social habits and to encourage students to acquire the habit of eating a variety of foods.

Nursing Functions

The nurse's role is the same as the nurse in any public school with some added responsibilities. The areas of service in which the nurse participates are: health appraisal, health counseling, prevention and control of communicable disease, emergency services and treatments.

In the area of health appraisal the following functions are performed:

- a. Assists the school physician at all times, which includes physical examinations, immunization sessions and tuberculin testing.
- b. Weighs and measures at the beginning and end of each school session in order to determine the child's physical growth pattern.
- c. Screens all of the students for hearing and vision defects.
- d. Observes each student for mental, emotional and social development during all screening tests and school contacts.

If any abnormal signs are observed the child is referred to the school physician for evaluation and recommendations. It is important that the nurse keep an accurate school health record on each student.

Acquiring and maintaining accurate health records is a difficult problem to the school nurse. Because of the mobility of the migrant families, they often lose health records issued to them. On the other hand, some families may in fact have several personal health records on each family member, but are completely unfamiliar with its value.

In the area of health counseling, the nurse in this program must follow up on all her students with physical defects and abnormal symptoms immediately in order to obtain any degree of corrections. She must be aware of the available resources and willing to cooperate with public health agencies and other nurses in order to secure adequate medical evaluations and corrections.

In the area of communicable disease, the migrant school nurse's responsibility differs somewhat from the average school nurse's. In the regular school program a student with ringworm of the scalp, impetigo and conjunctivitis is immediately recommended for exclusion; however, in the migrant schools this is not done due to the lack of parental supervision and the inadequacies of home facilities. Therefore, it becomes the responsibility of the nurse to secure and assist with the proper medical treatment for the student and work closely with other public health nurses in order to afford a total health program. This situation is also true in relation to emergency treatment due to injury or illness.

The majority of the medical referrals in all of the migrant schools are: heart murmers, umbilical hernias, visual defects, orthopedic conditions, and hearing defects. The most prevalent health problems are impetigo and ringworm of the scalp.

A very important feature of the school health program is the nursing supervisor. One nurse qualified both in the field of public health nursing and school nursing was employed by the State Health Department in order to coordinate field and school nursing responsibilities.

At the termination of the migrant school, each student is given a transfer card which includes his health and educational records. The transfer invites the future school to write to the New Jersey State Department of Education for further information.

Conclusion

An outstanding feature of the total Migrant Health Program is the cooperation that exists among the professional disciplines and the inter-departmental interaction that exists in the School Health Program. The interest and desire of all concerned to bring a worth-while service to a needy and deserving group is obvious even to the unskilled eye of the migrant family.

An area which needs to be further developed is adult health education. More needs to be done to involve the parents in the school health activities. Lack of transportation and conflict of working hours continue to be serious and difficult problems that, as yet, are unresolved.

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