
Helping Farmworkers Prevent Cancer

LESSONS
FROM A
FIVE-
STATE
PROJECT



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path

Telamon Corporation

Funding provided by the National Institute for Occupational Safety and Health,
Centers for Disease Control and Prevention

Acknowledgements

So many people contributed to the success of this project. The Centers for Disease Control and Prevention provided the funding. L. Barbara Connally and Paul Schulte of NIOSH supported the idea of focusing on farmworkers, helped us mesh hard science and community-based research, and understood when field activities took precedence over timely reporting. Dr. Alfred Marcus of the AMC Cancer Research Center provided invaluable guidance and ideas. Joscelyn Silsby and Monica Heppel helped pull together the results of the five-state situation analysis. Dr. Michelle Rivera reviewed the content of our Spanish-language skin cancer video.

Dr. Howard Green of West Palm Beach, Florida, and Dr. Derek Jones of New York conducted "skin cancer 101" sessions for migrant health service providers. Susan Brock of the North Carolina Primary Health Care Association (and Eastern Stream Coordinator for Migrant Health) and Oscar Gomez of Farmworker Health Services, Inc. (formerly known as the East Coast Migrant Health Project, Inc.) and their

respective organizations made this possible by welcoming our requests that skin cancer awareness be included on their meeting agendas.

Past and current Telamon and PATH staff poured insight, creativity, selflessness, and flexibility into all aspects of this project. PATH and Telamon administrative and financial staff kept up with all the rules, budgets, and reporting.

Farmworkers, crew leaders, and growers cooperated with us freely and made very practical suggestions. They also let us film them and their property. Health service providers, too numerous to name, spent time with us even when they had none to spare. Kent County General Hospital (Dover, Delaware) and Peninsula Regional Medical Center (Salisbury, Maryland) staff and physicians offered free skin screening to farmworkers.

Everyone involved in the production of the video — especially the farmworkers in Virginia and North Carolina, Educational Video in Spanish, Amparo Pinzón, Dr. Elmer Huerta, Dr. Richard Andrews, Farmex, Inc. (Virginia),

Woolard Farms (North Carolina), and Telamon and PATH staff — deserves special thanks.

The American Academy of Dermatology, the American Cancer Society (local branches in each state), the National Cancer Institute, and the Skin Cancer Foundation, provided information, slides, and photographs.

We learned a lot from other NIOSH recipients, particularly those involved in the cancer control demonstration projects, and appreciate their collegial exchange of ideas. The same is true of the Midwest Migrant Health Information Office and other organizations working with farmworkers.

Elaine Douglas edited our situation analysis report and applied her considerable skills to the editing, layout, and design of this monograph. We also thank the artists who so beautifully illustrated our messages: Shirley Bowie-Dean, Lisa Green, Mark Wotherspoon, and GroupAtlanta Promotions.

There are many more people not named to whom we also owe a debt of gratitude. Know that your participation was greatly appreciated.

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This publication was made possible through funding from the National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Public Health Service, U.S. Department of Health and Human Services, under cooperative agreement number U03/CCU010092-03.

The opinions expressed herein do not necessarily reflect the position or policy of PATH, Telamon Corporation, NIOSH/CDC/PHS/DHHS, or any agency of the federal government.

PHOTO: JULIA FOXWELL



Farmworkers come to this country expecting to find good-paying jobs to better support their families.

Table of Contents

FOREWORD	2
INTRODUCTION	3
PROJECT DESCRIPTION	4
THE FARMWORKERS	
THE HEALTH NAVIGATORS	
THE TRAINING	
RAISING AWARENESS AND FACILITATING BEHAVIOR CHANGE	
DEVELOPING EDUCATIONAL MATERIALS	
THE GATEKEEPERS	
THE HEALTH SYSTEMS AND HEALTH CARE PROVIDERS	
MONITORING AND MULTI-SITE COORDINATION	
EVALUATION	
MAKING A DIFFERENCE	11
CHANGES IN KNOWLEDGE, ATTITUDES, AND BEHAVIOR	
CANCER PREVENTION EDUCATION	
RESEARCH WITH FARMWORKERS	
SHARING WITH THE HEALTH COMMUNITY	
INTEGRATION AND SUSTAINABILITY	
RECOMMENDATIONS	14
CONCLUSIONS	15
THE PARTNERS	16
THE STAFF	16



Project Logo

I CAN

**Protect Yourself,
Education Brings
Opportunity**



PHOTO: LEO BONILLA

Foreword

It is indeed rewarding to all Americans to see programs that truly make a difference to a segment of society in great need. No one has contested the plight of farmworkers, whose difficult and underpaid labor results in harvests so necessary to this country. This project succeeded in contributing to the well being of the farmworkers, injecting an element into their lives which made them less susceptible to some of the perils of their occupation. It was an effort well worth the taxpayers' contribution.

Among the severe hazards to which farmworkers in America are exposed, those most debilitating and potentially lethal are the risks which directly result in various forms of cancer. The study reported here began with an effort to isolate preventable and treatable forms, which were determined to be skin and cervical cancer, both related to occupational

conditions. Subsequently the project developed materials and activities for farmworkers, enhancing their awareness of these dangers as well as training them in the tools of prevention. Importantly, one of the goals was also to make cancer-related services more readily available to them.

The project was a joint effort of PATH (Program for Appropriate Technology in Health) and Telamon Corporation, in response to a funding opportunity provided by the National Institute for Occupational Safety and Health (NIOSH). It spanned the mid-Atlantic states of Delaware, Maryland, North Carolina, Virginia, and West Virginia.

The methods of accomplishing this project's objectives were uniquely successful, since there was no precedent; the dedicated teams devoted much time, creativity, and genuinely concerned effort toward the initial study, the operational development of intervention techniques, and the evaluation of achievements. In the end, farmworkers changed their behavior and attitudes to reduce their risks of skin cancer.

Richard Joanis
Executive Director
Telamon Corporation

"This project ... was an effort well worth the taxpayers' contribution."

“The project focused primarily on skin cancer because it is specifically occupation-related.”

Introduction

WORKING TOGETHER FOR FARMWORKER HEALTH

According to various estimates, somewhere between 200,000 and 800,000 people, including dependent children, travel throughout the United States each year to perform farm labor. They work for the equivalent of minimum wage or less (an average of \$5,000 - \$10,000 per household per year), and generally under conditions which are both harsh and hazardous to health. Farmworkers are exposed to the same health risks as the general U.S. population, the additional risks (such as pesticide exposure, machinery accidents, and environmental hazards including ultraviolet rays) of farm owner/operators, and still more risks because of the living conditions many migrant farmworkers find as they travel from state to state. Yet little is known about the degree to which farmworkers experience increased risk of a variety of many important illnesses that are both preventable and treatable. Among these are skin and cervical cancer.

In 1993, the National Institute for Occupational Safety and Health (NIOSH) initiated the second phase of a program to design and evaluate cancer control demonstration projects for farm populations. PATH¹ was

¹ PATH is a nongovernmental, nonprofit organization whose mission is to improve the health of underserved populations.

awarded one of three cooperative agreements that included farm laborers in their study. PATH's partner in this endeavor was Telamon Corporation, a private nonprofit agency helping farm laborers transition to less hazardous and more stable types of work.

Together, and with the input and cooperation of many outside the project, staff from these agencies developed, implemented, and evaluated *Cancer Communication Strategies for Farmworkers in the Mid-Atlantic United States*. The project focused primarily on skin cancer because it is specifically occupation-related. Activities took place in farming areas of Delaware, Maryland, North Carolina, Virginia, and West Virginia and officially ended in September 1997. This monograph shares with you what we as project staff did, what we learned, and what we recommend for the future.

SKIN CANCER RISK FACTORS

- Overexposure to ultraviolet rays
- History of sunburn (blistering, frequent, or in childhood)
- Tendency to freckle
- Lightly pigmented skin, blue eyes, blond/red hair
- Family history of skin cancer
- Large number of moles or atypical moles.

According to the few studies conducted, skin cancer rates among farmworkers of any color tend to be higher than rates among non-farmworkers of the same color.

ADDED FACTORS FOR FARMWORKERS

- Occupational exposure to sun
- Occupational exposure to chemical carcinogens
- "Occupational" exposure as a child
- Limited awareness of the disease
- Limited access to information, screening, and follow-up.

THE ACTIVITIES

Here are just some of the activities that made up the project:

FORMATIVE RESEARCH: Interviews with farmworkers, growers, crew leaders, and service providers; focus groups & a KAP (Knowledge, Attitudes, and Practices) survey with farmworkers.

EVALUATION: Behavior observations, interviews, surveys, focus groups, process indicator forms, determining evaluation methodologies.

INTERVENTION: Education, distribution of hats and long-sleeved shirts, getting health agencies to collaborate, skin screenings, referrals, helping farmworkers access services.

MATERIALS DEVELOPMENT: Collecting & reviewing existing materials, developing & pretesting new materials, translating existing material.

DISSEMINATION: Documenting project findings, describing the project at local health/farmworker coalition meetings, getting news coverage, presenting at national & regional meetings.

PROJECT PLANNING & MONITORING: Meetings, phone calls, monthly & quarterly reports, supporting health navigators, developing research/intervention plans and tools, liaison with CDC & NIOSH.

TRAINING: Research & education techniques, materials development, health issues, cancer prevention.

Project Description

WHAT WE DID

Cancer Communication Strategies for Farmworkers in the Mid-Atlantic United States was about increasing skin and cervical cancer awareness among farmworkers and their families and making cancer-related services more readily available to them.

The project aimed to:

- Increase knowledge of skin and cervical cancer among farmworkers in Delaware, Maryland, North Carolina, Virginia, and West Virginia.
- Increase farmworkers' awareness and use of cancer screening services.
- Improve the research and communication skills of Telamon staff in the five project sites.
- Increase the involvement of farmworker agencies in cancer prevention/detection activities for farmworker communities in the mid-Atlantic United States.
- Improve the health community's understanding of farmworkers' knowledge, attitudes, perceptions, and practices regarding cancer prevention and control.

Telamon staff in the five states did the fieldwork – observations, interviews, focus groups, and the intervention. PATH staff managed the project, developed the evaluation/intervention plan and instruments, trained Telamon staff, and provided technical assistance.

We originally designed the project in three phases: (1) Assessment; (2) Intervention and Evaluation; and (3) Information Dissemination. In reality, all three phases happened throughout the four years of the project.

The assessment began with a study of factors affecting farmworkers' health situation; documentation of available services; informal interviews with farmworkers, labor contractors, growers, and service providers; a survey of farmworkers' knowledge, attitudes, and behaviors related to cancer prevention; and focus group discussions with farmworkers. Findings from this situation analysis were used to design an intervention and evaluation plan and were disseminated in the public health and farmworker advocacy communities.

Since the initial study revealed that Spanish-speaking migrant farmworkers knew much less about skin and cervical cancer than other farmworkers, the project developed a strategy focusing primarily on Latino migrant farmworkers.

This initial study also indicated that face-to-face communication was the most effective way to raise awareness, support behavior change, and facilitate access to services. Therefore, we designed the *lay health navigator strategy* for the intervention and evaluation phase of the project. The health navigator strategy is based on peer outreach models, but modified to stress access to services and incorporate an evaluation component. This allowed the project to integrate research, education, and screening.

Telamon hired health navigators or assigned existing case managers and outreach workers to fill this role for the project. These people were former farmworkers, native Spanish-speakers, and/or community members trusted by farmworkers. While the project focused on skin and cervical cancer prevention, health navigators assisted

farmworkers with a wide range of health and social concerns. This proved key to getting farmworkers to participate in the research and listen to the messages.

While the project had one set of goals and one overall design, health navigators adapted the approach to their own unique realities. Hence, the outcomes were slightly different in each state. For example, health navigators in Delaware hosted "Pap Parties" where women talked and learned about reproductive health, Pap tests, and cervical cancer. In Virginia, a health navigator produced a weekly radio program on farmworker health and was very involved in the video production. West Virginia navigators had a flier translated and produced a key chain. The cervical cancer study was done in Delaware, Maryland, and North Carolina, where there were more female health navigators and where activities could be completed before October 1996.

THE FARMWORKERS

Estimates of migrant and seasonal farmworker populations vary widely according to who collects the data, how, and why. This is true throughout the nation and held true in the project areas. In 1993, the migrant farmworker population in the study area counties ranged from an estimated 601 in the two Delaware counties (Kent and Sussex) to approximately 6000 in the three North Carolina counties (Johnston, Harnett, and Sampson).

Most migrant farmworkers in the study areas were Hispanic, of Mexican and Central American origin. The percentages varied from approximately 50 percent in Delaware to 95 percent in Virginia. African Americans, Haitians, and American Whites, in that order, accounted for almost all the remaining number of migrant workers. Based on a review of its service

PHOTO: GLORIA FERNANDEZ



Living conditions vary from farm to farm, but sometimes they are less than optimal.

statistics, Telamon estimated that one-third of the seasonal farmworkers were women and that 30 to 50 percent of the migrant workers returned to the project counties from one year to the next. Of all migrant workers surveyed in 1994, 12.5 percent of those who said they had children reported bringing their children to the fields with them at least some of the time.

Visits to migrant housing confirmed that most migrant farmworkers live in difficult conditions. Barracks in large camps consisted of single rooms shared by families or 4-12 single men. Hygiene facilities were communal and often less than sanitary. However, the housing, regardless of its size, had at least one working radio and/or television belonging to someone in the crew. We found that housing units and work crews tended to be segregated by race, ethnicity, and even country of origin.

Many migrant housing facilities in the study area had not registered with health or labor departments. Growers

"...Okay, so now we know that skin cancer is a problem, what are you..going to do to help us?"

Farmworker



PHOTO: PATH

"I was able to help workers get food stamps and general health assistance. I also helped get health care for children."
Sergio Morales

HEALTH NAVIGATORS

- Conducted evaluation research
- Discussed skin and cervical cancer
- Responded to general health concerns
- Distributed protective hats
- Encouraged and reinforced behavior change
- Developed appropriate educational materials
- Organized special cancer screening events
- Participated in coalitions to garner support
- Made referrals and navigated farmworkers through the health care system.

and/or crew leaders have generally prohibited access to illegal housing. A fairly large number of migrant farmworkers lived in motels, campgrounds, private homes, and trailer parks. (Living conditions at motels were often worse than in the camps, and motels were not monitored by health departments.) Many migrant workers lived in cars because of limited housing availability. After the situation analysis, we conducted our study with migrant workers living in registered migrant housing and a few trailer parks.

WHO THEY ARE

But who are the farmworkers? It may sound trite, but farmworkers are first and foremost people. They are somebody's father, mother, sister, brother, or children — fellow human beings who do the work no one else wants to do. They do it and for very little money. They do it under pressure and sometimes even under coercion. Sometimes they have fun doing it. Often they get sick or hurt doing it. Too often they die from doing it. Many spend months or years away from their families to do it. Their doing the hard work keeps our food

supply among the least expensive of the "industrialized" nations. They get little respect, little sympathy, and little help. Mostly they get overlooked.

They are just like the rest of us, but poorer and usually less well educated. At various points in U.S. history, they *were* us. In some cases they still *are* us. Their families, jobs, health, and communities are important to them. They are smart, resilient, and have dignity. The men and children work hard and play hard; the women work hard. They have problems. They solve some of them. They seek help, and they suffer in silence. They are funny, sad, spiritual, happy, pensive, stern, weak, and strong. They have hopes, and they have dreams.

THE HEALTH NAVIGATORS

The health navigators who carried out this project were committed, caring, creative, self-motivated, responsive, flexible, sensitive, perceptive, persistent — so many things. Their job was to learn from and give to farmworkers, develop and maintain working relationships with service providers, spread the word about the project and about farmworker issues, learn new skills, and share information with PATH staff and others.

Several had worked on farms; all had or developed ties with the farmworker community. Their prior experience ranged from farmworker to health educator to council member to psychologist to employment counselor. This project belonged to them and to the farmworkers.

THE TRAINING

Training was incorporated into the project design from the beginning. The idea was to train Telamon staff to conduct research and health education with farmworkers, developing skills for this project as well as for their future efforts. Before this project, Telamon

focused its efforts on preparing farmworkers for other types of employment; most of the staff had little experience in health education and research.

All of the training was participatory and based on principles of adult learning. Most of it took place in English, though some concepts were also discussed in Spanish.

Initially, Telamon staff learned skills they needed to conduct the assessment. The training workshops, held in each of the five states, lasted three days, focused on the use of quantitative and qualitative research techniques, and included field-testing the survey questionnaire. In successive years, the training was tailored to meet the project objectives for that year. For example, in 1995, behavior observation, cancer, skin cancer, and group education techniques were added. In 1996, previously learned topics were reviewed and practiced, and content pertaining to the cervical cancer study was added.

On-the-job training took place with Telamon staff helping each other and when PATH visited project sites during the harvest seasons. Telamon staff participated in training to develop educational materials in the third year of the project.

RAISING AWARENESS AND FACILITATING BEHAVIOR CHANGE

The methods of health education and support delivered through this project varied somewhat from state to state. However, activities in each state centered around face-to-face communication of six key skin cancer messages and distribution of specially made sun-protection caps.

In year three of the project (the second intervention year), states also aired a Spanish-language public service announcement (developed by the project) on local radio stations listened to by farmworkers. The

announcement warned farmworkers of the risk of skin cancer and gave advice on how to protect themselves and their children from the sun.

In the three states that included the cervical cancer component, health navigators provided information and referrals regarding Pap tests and cervical cancer. Cervical cancer education included general information about Pap tests and cervical cancer, a review of male and female reproductive anatomy, what the results of a Pap test mean, and information responding specifically to men's concerns about pelvic examinations.

In addition, two states distributed long-sleeved shirts, two organized skin screening sessions at local hospitals, two used weekly farmworker radio programs to raise awareness about cancer and other health issues, and one distributed key-chain bottle-openers sporting the project logo. In the final two years of the project, states showed the skin cancer prevention video developed by the project, using it to stimulate discussion with and among farmworkers.

DEVELOPING EDUCATIONAL MATERIALS

We collected English and Spanish skin and cervical cancer education materials (print and video) to see if any were likely to effectively communicate to Latino migrant farmworkers their risk of those cancers and what they could do to reduce it. We used cervical cancer materials available in Spanish from the American Cancer Society, National Cancer Institute/National Institutes of Health, and the University of California, San Francisco.

On skin cancer, we found many educational materials developed for the American mainstream, some for farmers, but nothing that depicted farmworkers, used their language, or addressed their specific issues. We

SKIN CANCER KEY MESSAGES

- **A lot of exposure to the sun's rays, even on cloudy days, can cause skin cancer.**
- **Anybody, including Latinos, can get skin cancer.**
- **You can protect yourself from skin cancer by wearing clothing that reduces exposure, examining your skin for warning signs of skin cancer, and asking the doctor to examine you for warning signs of skin cancer.**
- **Warning signs include moles that change shape or color and new spots or bumps that don't heal.**
- **Most skin cancers can be treated. Melanoma can kill, but is curable if detected and treated early enough.**
- **It is very important to protect your children from the sun.**

“This is my first time coming to the U.S. Being away from my family is very lonely. It makes me happy to see that somebody else cares enough to talk to me about my health.”

Farmworker

“I can relate to how hard the migrants work because I was once a farm worker in tobacco, and I grew up in this area.”

Nurse administrator

We even pretested hats, collecting a dozen or so models from manufacturers across the country. Farmworkers tried them on, worked in them, and told us what they liked and didn't like. We selected a style that would satisfy most of their concerns. The Georgia Department of Human Resources led us to the manufacturer of the cap we finally designed for the project.

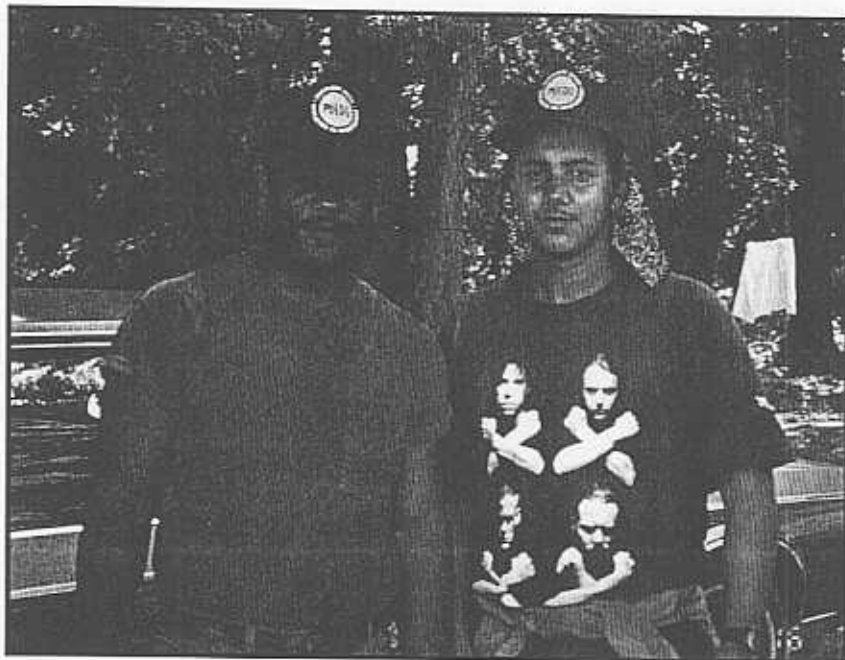


PHOTO: GLORIA FERNANDEZ

knew from our research that most of the Spanish-speaking farmworkers who had heard of skin cancer felt it was something rich people got by spending a lot of time at the beach. We needed materials that showed and spoke directly to farmworkers so that they could feel that they, too, were at risk of developing skin cancer. So we created them.

To develop targeted skin cancer materials, we held a materials development workshop where we looked at the research findings, used them to develop key messages, and formed “creative teams” to express the messages in print, images, sound and video. We then hired artists and a video production company to translate our knowledge and ideas into attractive and acceptable images. We pretested (field-tested) each material with migrant farmworkers working in the project areas. We revised and re-tested as necessary – three rounds on average – then reproduced them.

PATH's materials development philosophy involves using target audience input from start to finish; thankfully, the artists and video company demonstrated flexibility and willingness to accept that the farmworkers were always right. Samples of the project materials – two radio spots, a bi-fold pamphlet, a 16-minute video, and a poster, tri-fold pamphlet, and user's guide to accompany the video – have been well received and are now available.

THE GATEKEEPERS

We found growers quite cooperative and supportive of programs that protect or improve workers' health. In West Virginia and Maryland, Telamon had long-standing relationships with the local growers associations. The labor contractors – also known as *crew leaders* – tended to cooperate very readily as well, and their cooperation greatly facilitated the project's work. Generally very involved in the day-to-day lives of the farmworkers, crew leaders provided health navigators with data on the demographic composition of the crews, locations of farms where they planned to work on a given day, and assistance setting up group education and pretesting sessions.

THE HEALTH SYSTEMS AND HEALTH CARE PROVIDERS

Based on observation and a review of the relevant literature, clinics receiving federal migrant health funding provided most health services to migrant farmworkers in the project areas. Other health care providers tended not to collect information regarding occupation.

ACCESSIBILITY

Unfortunately, health departments and private facilities contacted had limited capacity to serve migrant workers,

especially those with limited English language skills. According to farmworkers interviewed, even when health centers had translators on call, translation tended to be performed by clients' friends or family members, often posing confidentiality problems (real or feared).

Health facilities tended to use sliding scales to determine fees, and all had some provision for providing free care to those who could not afford to pay. Service providers felt that because of this, fees were not a true obstacle, even though farmworkers sometimes cited cost as a reason for not seeking or following through with services. Opportunity costs, i.e., time lost from work, may in fact have been the bigger cost issue. Clinics were also located quite far from migrant housing areas, often 10 to 40 miles away. Regular clinic hours were inconvenient for farmworkers, but migrant clinics offered evening hours by appointment and said they went to great lengths to schedule appointments and provide transportation to and from the clinics during regular business hours.

SCREENING SERVICES

None of the migrant clinics or health departments contacted during the 1994 situation analysis study routinely provided skin cancer screening or biopsies since skin cancer traditionally has not been seen as a serious threat to people of Hispanic and African descent. Increasingly, however, dermatologists and other medical professionals emphasize that people of all skin types should practice skin cancer prevention.

Pap tests were generally not available on demand, but rather were provided as part of prenatal and family planning services. Appointments were often scheduled four-to-six weeks in advance (longer than many migrant

farmworkers stayed in some areas), and test results took up to two months to get from laboratories to clinics. Contacting migrants with test results was difficult by mail; some clinics had outreach workers contact clients in person.

Migrant clinics either paid for referral services or established agreements with service providers to serve migrant workers free of charge or at reduced cost (though a colposcopy and sonogram in two cases identified and followed during the situation analysis cost \$175 and \$278, respectively, through the local health department).

In theory, migrant workers were eligible for services provided under the National Breast and Cervical Cancer Initiative. Until 1996, though, only three of the five states had received federal funds under this initiative, and health departments using them provided Pap tests only to women at least 50 years old. Appointments for these services were scheduled up to six months in advance.

COLLABORATION

Local health departments, migrant health centers, hospitals, and some private physicians expressed willingness to cooperate with the project, particularly with regard to participating in coalition or advisory council meetings and displaying or distributing skin and cervical cancer materials in

CERVICAL CANCER MESSAGES

- Cervical cancer is preventable and curable!
- Any woman (who has not had her womb/uterus removed) can get cervical cancer.
- When it is most treatable, cervical cancer doesn't usually have symptoms a woman would notice.
- Early detection greatly increases a woman's chances of survival.
- Women should get a Pap test every 1 to 3 years, depending on the recommendation of their doctor.
- A Pap test is not (normally) painful.
- A few moments of embarrassment or discomfort while getting a Pap test can save a woman's life.
- A Pap test can detect a problem on the cervix before it becomes cervical cancer.
- A Pap test can also detect vaginal infection.
- Pap tests are available free to many women at health departments and migrant clinics
- Of 48 countries, Mexico has the highest cervical cancer death rate. The United States ranks 35th, largely because most women in the United States get Pap tests regularly and have access to treatment.
- Cervical cancer caught early can be cured by surgery. Sometimes radiation is used.

MESSAGES ESPECIALLY FOR MEN

- Your partner needs your support.
- Even if a male doctor does the exam, a female nurse or assistant is always present.
- Doctors are professionals whose job is to help you and your family.
- Your support can save your partner's life and keep your family together.
- Prevention (regular Pap tests) is less expensive (in time, money, grief, etc.) than cure or death.



PHOTO: JULIA FOXWELL

Health navigators especially encouraged older farmworkers and those with skin problems to participate in the skin screenings.

their centers. In at least two of the states providers doubted they could handle an increase in the number of Pap tests they would be requested to perform if the cervical cancer communication component of the project was successful in increasing demand.

MONITORING AND MULTI-SITE COORDINATION

To coordinate project activities, PATH communicated regularly with project sites, held conference calls with all sites participating, and held annual all-site meetings. Project monitoring was done through completion of process indicator forms by health navigators, submission of monthly reports to PATH, and site visits by PATH. To foster communication and information-sharing between sites, a quarterly newsletter was distributed. This served also to motivate staff, reinforce concepts, and inform staff of resources they could access.

EVALUATION

Because this was a demonstration project, evaluation was truly an

integral part of the project's design. Some feared in the beginning that the evaluation might even overshadow the intervention. NIOSH, PATH, Telamon, and evaluation consultants hired by PATH, met in 1994 to find a balance between "hard" research and meeting the needs of farmworkers. Using the experience of the pilot survey and situation analysis, Telamon staff's field knowledge, NIOSH and the consultants' research expertise, and PATH's communication and audience research experience, agreement was reached on a flexible, reality-based research design.

We had two hypotheses. We wanted to test whether interpersonal communication regarding skin cancer prevention (plus provision of protective clothing), taking place within the context of farmworkers' everyday lives, would be effective in raising awareness and changing behavior.

We also wanted to see if it was feasible to conduct pre- and post-intervention surveys with the same groups of farmworkers over time (ranging from two weeks to one year). We used several methods to measure progress toward achieving the project goals. The core element was a pre- and post-intervention survey of knowledge, attitudes, and practices related to skin cancer.

Other components included observation of how workers were dressed in the fields, focus group discussions, and a small, semi-quantitative study of knowledge, attitudes, and behaviors related to cervical cancer prevention and detection. We also kept track of how many farmworkers were reached, how many staff were trained, the number and purpose of meetings staff attended, and the number of presentations made at regional and national conferences.

"It was rewarding to see people protecting themselves with the right clothing...It was a good feeling to help bring people to services and to be able to bring clothing to the camps to give away."

Loli LaPlante

Making a Difference

WHAT WE FOUND OUT

CHANGES IN KNOWLEDGE, ATTITUDES, AND BEHAVIOR

The health navigator approach worked. The project set specific objectives (see box on the next page) related to changes in knowledge and behavior. Among the farmworkers in the project area, awareness of skin and cervical cancer rose, knowledge about the causes of skin cancer increased, and farmworkers changed their behavior to reduce their risk of skin cancer (the graph below illustrates changes in these areas as a result of the project's interventions).

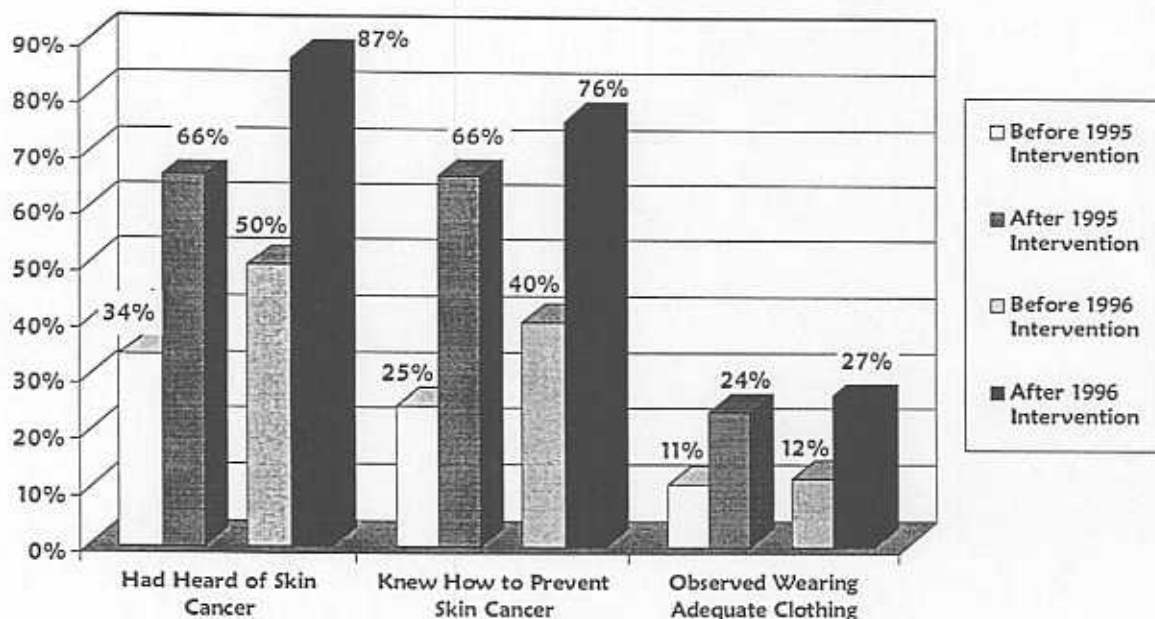
CANCER PREVENTION EDUCATION

Many of those in our study knew someone who had had cancer, but they knew little *about* cancer, and *very* little about skin cancer. This suggests that mainstream channels are missing them.

We found that talking with farmworkers face-to-face in their language and responding to their concerns improved knowledge about the disease and spurred changes in sun-related behavior. Giving them the tools to change their behavior (hats offering extra protection, second-hand long-sleeved shirts, and access to special

“We found that talking with farmworkers face-to-face ... improved knowledge and spurred change.”

Improvements in Skin Cancer Knowledge and Behavior



KAP Survey Sample 1995 pre: N=452; 1995 post: N=397; 1996 pre: N=275; 1996 post: 163.
Observation Sample 1995 pre: N=576; 1995 post: N=470; 1996 pre: N=266; 1996 post: 263.

OBJECTIVES

1. Increase by 10% the number of farmworkers in each target area who have heard of skin cancer.
2. Increase by 10% the number of farmworkers who are able to state at least one method of preventing skin cancer.
3. Increase by 5% the number of farmworkers demonstrating skin cancer prevention behaviors during behavioral observations at designated sites.
4. Increase by 10% the number of farmworker men and women in a sample area reporting they: (a) have heard of a Pap smear; (b) have heard of cervical cancer; and (c) know that a Pap smear is a test for cervical cancer in women.
5. Increase by 5% the number of farmworker women in a designated target area reporting they have ever received a Pap smear.

“Health navigators gained [farmworkers’] trust, helped them with many of their problems ... came to interview them at the most convenient times, and respected them.”

screening services) also helped. The video introduced during the last two years of the project drew a lot of attention and spurred discussion, but we cannot say at this point whether it helped change behavior.

RESEARCH WITH FARMWORKERS

One of the great challenges of conducting research with migrant farmworkers is that they work long, late hours and never know how long they will be in a given state or county. A hurricane or drought can change everything.

The project demonstrated that it is possible to conduct a study of farmworkers’ health-related knowledge, attitudes, and behaviors using experimental and quasi-experimental study designs. We were concerned that, because we were working with a highly diverse and mobile population working different types of crops in different states, we might not be able to identify an appropriate control group. We succeeded in identifying two groups of single males working in orchards in western North Carolina and West Virginia and used one of the groups as a control group for the skin cancer study.

The control group design for the cervical cancer study worked less well because less emphasis was placed on its importance relative to the skin cancer study. We simply ran out of time to implement it as planned. For both studies, the pre- and post-test research design was difficult to implement at the large labor camp in Maryland where the main harvest season lasted only four to six weeks. The four other states generally had higher follow-up ratios from pre- to post-intervention.

For the skin cancer study, we used a 45-question survey which took 20-30

minutes to complete. We did this because: (1) we did not have access to enough demographic data on the farmworkers in the study areas; (2) very little was known about what farmworkers knew about cancer in general and skin cancer in particular; and (3) we wanted to see if we were talking to more or less the same people for the pre- to post-surveys and from one year to the next. We also felt it important to learn about farmworkers’ interaction with the local health care providers. Despite the length of the questionnaire, very few farmworkers refused to be interviewed. During the last year of the study, we reduced the number of questions in the post-intervention survey by nearly half in order to make the process easier for the farmworkers and the health navigators.

It seemed that farmworkers had several reasons for participating in the study. Some were happy to be asked their opinion, some believed that by participating they could help other farmworkers, some wanted to learn how to protect themselves and their families. Almost all participants received a protective hat after completing the first interview; many received long-sleeved work shirts after the second. Health navigators gained their trust, helped them with many of their problems (whether health-related or not), came to interview them at the most convenient times, and respected them.

SHARING WITH THE HEALTH COMMUNITY

The project conducted a skin cancer education session at the East Coast Migrant Health Forum in 1995, coordinated a skin cancer awareness and screening training session for the East Coast Migrant Health Project’s

staff who traveled with the migrant stream in 1996, distributed videos and print materials, wrote articles, and made several presentations at public health, migrant health, agricultural health, and labor conferences. These activities seemed to stimulate interest and concern where there was none before, particularly with regard to skin cancer and farmworkers. We definitely got the word out!

INTEGRATION AND SUSTAINABILITY

Telamon, as an agency, is continuing to use community outreach as a strategy in their ongoing work with farmworkers. And they are continuing to place more emphasis on Latino farmworkers.

Many of the health navigators hired for this project are still with Telamon. They (and other Telamon staff) continue to distribute materials developed through this project, to show the skin cancer video, and to play the radio announcement. They still talk with farmworkers about skin and cervical cancer. The relationships built with farmworkers and with health department staff continue to support their efforts.

PATH and Telamon hope to develop more joint projects for farmworkers — particularly to address cancer, communicable diseases, pesticide safety, and sanitation.

PHOTO: FRANCISCO CONTRERAS



Many farmers treat farmworkers as members of their extended families.

RAISING AWARENESS OF CERVICAL CANCER

Of 316 Latino farmworkers surveyed in 1994, 65% of women and 74% of men had not heard of cervical cancer. Qualitative research showed that women enjoyed learning from and with other women, in groups or one-on-one. They seldom receive adequate information about Pap tests and cervical cancer at clinics, and they feel shy about asking health providers questions. Women feel less embarrassed in an informal gathering with other women. Of 11 women surveyed before an

education session, 6 could not answer the question "What can you do to prevent cervical cancer?" When surveyed several weeks later, 5 of those 6 could answer correctly.

Of 20 men interviewed in labor camps before an education session with a health navigator, only 30% had heard of cervical cancer. A week or so after group and individual education sessions, 55% said they had heard of cervical cancer.

“Skin cancer knowledge is new to them ... it would be best to limit the information to one key message, such as, ‘Sun can cause cancer.’”

SERGIO MORALES

Recommendations

WHAT WE WOULD DO NEXT TIME

We often talk about “lessons learned.” In fact, many of the lessons we learned on this project were things we knew or should have known. Others were new pearls of wisdom. We share both types so that others might benefit.

- Include clients, gatekeepers, and service providers in project design and perhaps include money to pay for services.
- Plan for more field supervision and extensive technical assistance.
- Follow-up by phone all written communication with project staff, and vice versa.
- Hire full-time staff to work during the season or carefully and strategically incorporate project activities into regular duties of existing staff.
- Have longer training workshops, including time for additional field practice and feedback.
- Reduce paperwork — simple works better than thorough.
- Staff must have flexible schedules and be ready to work when farmworkers are available.
- Use shorter questionnaires — even though farmworkers were willing to be interviewed, sometimes they were tired and/or hungry and found it difficult to focus.
- Provide crayons and paper for small children while parents are being interviewed.
- Person-to-person communication and developing relationships with people, though resource intensive, is a very effective way to help farmworkers learn and change health behaviors.
- Share snacks at group education sessions (not just focus groups) to encourage bonding.
- Focus health messages on immediate benefits whenever possible since migrant farmworkers tend to be most concerned about the present and near future.
- Provide portable audiovisual equipment to simplify organizing group education sessions.
- If development of new materials is necessary, start very early.
- Find a way to capitalize on the fact that immediately following interviews, fellow workers ask the respondent about the topic and the questions asked.
- Repeated/continuous reinforcement of messages (via repeat visits, memory cues including hats and visual aids, and individual sessions followed by group discussion) improves retention of the key messages.
- Give back to the farmworkers. Tell them what was learned and what will be done with the new information — especially if changes that benefit them will result from their participation.



Farmworkers and health navigators took time to listen and talk with one another.

Conclusions

WHAT IT MEANT

Through this project, farmworkers, field agents, program managers, and service providers listened to each other, worked together, adapted, and learned from one another. This was the key to any success the project had. We focused on specific issues – skin and cervical cancer — and we allowed room to address many others. We did this because the people we wanted to help said, in so many ways, that this was what they wanted.

What did farmworkers gain from the project? During pretests of the video, they expressed gratitude that someone would spend time talking with them about something so important and new to them. They knew about pesticides (and felt they could do little to protect themselves from them), but they had no idea they were at risk for skin cancer. And they liked that they could do something to prevent it. They also appreciated that their opinions were being sought, that the people in the video looked and spoke like them, and that project staff helped them with issues that concerned them even more than skin and cervical cancer.

Cancer Communication Strategies for Farmworkers in the Mid-Atlantic United States made a difference. We saw measurable improvements in awareness of skin and cervical cancer, knowledge about both diseases, attitudes toward prevention, and actions taken to prevent cancer or detect it early. The challenge for all of us concerned with farmworkers' health is to expand on those positive changes and facilitate access to appropriate information and services. Researchers face the additional challenge of documenting the extent to which (and the reasons) farmworkers as an occupational group experience increased risk of cancer and other diseases.

This project allowed us to learn a lot about farmworkers, agriculture, the practice of public health in the United States, cancer, interagency and interdisciplinary collaboration, and ourselves. We appreciate the opportunity to share at least some of what we learned with you.

“We saw measurable improvements in awareness of skin and cervical cancer, knowledge about both diseases, attitudes toward prevention, and actions taken to prevent cancer ...”

The Partners

Telamon Corporation

is a private nonprofit agency whose mission is to brighten the futures of people in need. Since 1965, the corporation has steadily increased its range of programs designed to meet the vast needs of the poor. Telamon administers farmworker programs, including JTPA 402 employment training, housing, and Head Start, in ten states.

PATH

is a nonprofit, nongovernmental, international organization whose mission is to improve health, especially the health of women and children. PATH identifies, develops, and applies appropriate and innovative solutions to

public health problems. In all activities, PATH works closely with organizations closely tied to the end users of health services. Since 1977, PATH has managed more than 800 health projects in 85 developing countries and the U.S.

NIOSH

was created by the federal government in 1970 to identify the causes of work-related diseases and injuries, evaluate the hazards of new technologies and work practices, create ways to control hazards so that workers are protected, and make recommendations for occupational safety and health standards. Part of the Centers for Disease Control and Prevention, NIOSH operates a broad research program in

occupational safety and health in all industries, including agriculture, construction, and mining.

The partnership began

when PATH and Telamon met while PATH was conducting a materials development workshop for the Association of Farmworker Opportunity Programs (AFOP). Telamon liked PATH's approach, and the two agreed to look for opportunities to work together again. A request for applications for NIOSH's cancer control demonstration projects for farm populations seemed like the perfect opportunity. The collaboration has been a growth experience, and we hope it will continue.

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*“The methods of accomplishing
this project’s objectives were
uniquely successful...In the end,
farmworkers changed their
behavior and attitudes to reduce
their risks of skin cancer.”*

Richard Joanis, Telamon



path



Telamon Corporation

NIOSH

