Make It Safe: An Injury Prevention Program for Hispanic Farm Workers and Families at Work and Play

Robynn Nawrot B.S.¹; W. Russell Wright Ph.D.²

¹ Center For Rural Health and Social Service Development, Southern Illinois University; ² School of Medicine, Southern Illinois University

Corresponding author: Robynn Nawrot, Project Coordinator, Center for Rural Health and Social Service Development, Mailcode 6892, Southern Illinois University at Carbondale, Carbondale, IL 62901; 618.453.1262 (phone), 618.453.5040 (fax), RNAWROT@SIU.EDU.

Abstract

Make It Safe was developed as a presentation resource to assist those educating migrant farm workers. This culturally sensitive program, Make It Safe, provides Hispanic families important information needed to work and live safely in a rural environment. Make It Safe addresses four safety issues: handling emergency situations, safety around animals, human factors that contribute to injury, and danger signs and symbols. Curriculum materials are written in English and Spanish.

Introduction

hirty million Hispanics live in the United States according to the US Census Bureau. Three to five million Hispanics are migrant farm workers and their dependents (Runyan and Morgan, 1987). Hispanics are the second largest minority group, representing nine percent of the population. Hispanics are the fastest growing minority group in the United States.

In the United States, nearly two-thirds of all injury deaths involve unintentional injuries. Nationwide, injuries are the fourth leading cause of death for all ages, and the number one cause of death for persons between 1 to 38 years of age. Farming and other agricultural industries had the second highest death rate of any industry in 1996 (Nixon, 1996). Farmworkers are the lowest paid occupational group in the county (Norton and Linder 1994). Agricultural injuries resulted in an estimated 140,000 disabling injuries and 1,200 deaths nationwide in 1992 (National Safety Council, 1993). Injuries rank as the third leading cause of death among Hispanics, with heart disease and cancer ranked first and second (NCHS, 1997).

Healthy People 2000 outlines several objectives related to Hispanic Migrant Health issues. For example: Objective 9.1 seeks to reduce deaths caused by unintentional injuries to less than 29.3 per 100,000 people. (Age adjusted baseline: 34.5 per 100,000 in 1987.) Objective 8.11 seeks to increase by at least 50% the number of counties that have established culturally and linguistically appropriate community health promotion programs for racial and ethnic minority populations.

Mainstream health education activities often fail to reach minority populations. Special effort is needed to disseminate health information to these groups. Community-based health promotion and disease prevention programs for minorities are most effective if developed for and with the community (National Heart, Lung, and Blood Institute, 1987).

To address the injury control needs of the migrant farm workers, we designed an educational curriculum targeted for Hispanic farm families living in rural areas. The goal of the injury control intervention curriculum was to improve the health and safety of Hispanic farm families by reducing unintentional agricultural-related injuries in rural America through injury-control education.

Project Background

In October 1992, the Illinois Easter Seal Society was awarded an outreach grant by the Federal Office of Rural Health for *TASK: Teaching Agricultural Safety to Kids*. TASK is a three-year pilot project designed to reduce agricultural-related injuries and deaths among young children living in rural areas. Twelve safety modules were developed by a team from Southern Illinois University Carbondale in conjunction with other health and safety specialists. The curriculum modules were piloted in Illinois and distributed nationally by Illinois Easter Seal Society.

The primary goal of TASK was to help young people recognize hazards and increase their knowledge of appropriate safety precautions. The model was designed for presentation by high school students to teach 4th, 5th and 6th graders in a classroom setting. By implementing agricultural safety programs on an ongoing basis, rural communities can achieve consistent patterns of safe behaviors that will keep

Make It Safe... Nawrot & Wright

them safe for a lifetime. We adapted the TASK materials for the Hispanic population for this project.

Curriculum

Target Audience & Topics

The target population for this curriculum was "at risk" Hispanic farm workers and families in rural areas. This population encompasses migrant families as well as permanent residents. Safety/injury control education for this population is imperative since they may never have had exposure to safety information. In order to decide which topics to cover and which populations to target, the following safety education areas were developed:

<u>Handling Emergencies</u>: Timing is critical in order to reattach a limb or save a life, yet many rural areas are without comprehensive medical facilities. Emergency services must be contacted immediately and given the <u>necessary</u> information to assist with emergency response teams.

Agriculture Signs & Symbols: Few comprehensive Spanish resources are available in isolated rural areas. More networks are needed to ensure that Hispanic rural families become, and remain, informed about agricultural safety signs and symbols.

<u>Human Factors</u>: Environmental factors and human factors such as fatigue and stress often reduce the safety precautions used by adults. As a result, children see their role models performing unsafe activities.

<u>Safety Around Animals</u>: The number of serious animal-related accidents ranks second only to tractor and machinery accidents. In order for Hispanic rural families to work and play safely with animals, they must understand simple animal behaviors, and follow proper safety procedures.

The original TASK project focused on children only. However, the four TASK modules were selected to be developed in Spanish and altered to target the entire family. Focusing on the family was seen as an effective teaching method for parents and children to learn safe life style skills together.

The general goals for the modules are for the audience to be able to recognize hazards associated with their rural lifestyle and to understand the importance of following safety procedures every day.

Each module is self-contained and includes the following components:

<u>Introduction to the Module</u> - This section provides guidelines and suggestions on how to present the topic,

a preparation checklist, and a summary outline of the unit.

<u>Presentation Script</u> - A script of the unit provides the presenters an easy format to follow. The script includes teaching notes that offer helpful suggestions, highlighted questions that signal when to ask participants questions and generate discussion, and space for leader's notes and comments.

<u>Visual Aids</u> – Sample line drawings are furnished to help illustrate major points of the presentation script. <u>Family Take-home Packets</u> - Master copies of family activities and materials are provided that enable participants to transfer what they learned to a familiar setting.

<u>Videos</u> – Several video were made to be used as a visual learning aids to enhance the presentation.

Presentation Methods

Each independent module was designed for a 30-minute presentation, using a two-person team to deliver the material. Past experience has shown that a male/female Spanish-speaking team is most effective in reaching the targeted audience. Ideally, the presenters should be familiar with Hispanic rural culture and be active in the community.

To reach Hispanic farm workers and families, a variety of "meeting places" were suggested for the presentation. Meeting locations included:

- 1. Migrant Medical Clinics
- 2. Community Centers
- 3. Day Care Centers
- 4. Migrant Camps
- 5. Churches
- 6. Community Health Fairs

In addition to the written units, video tapes were developed for each unit, incorporating community members as the actors. The five to ten minute videos illustrate realistic situations demonstrating safe or proper methods to handle the predicament. As many people are visual learners, one purpose of the video was to serve as a tool for the presenter. In addition, the video can be utilized in waiting rooms at migrant health clinics, day care centers, or at community health fairs.

Program Accomplishments

The *Make It Safe* curriculum was designed to enhance the health and safety of rural Hispanic families through direct educational opportunities. The goals were met by:

Make it Safe... Nawrot & Wright

- Developing a comprehensive injury control education package to serve as a teaching model for the rural Hispanic population.
- 2. Improving the safety of rural Hispanic families by providing this injury control curriculum.
- Providing farm workers and their families the opportunity to become partners in a family commitment to safety.
- 4. The National Rural Health Association made the injury control curriculum available for nationwide distribution through their migrant health networks.

Quality Control

The following injury control experts reviewed the modules for curriculum content validity:

Arthur L. Frank, M.D., Ph. D.

Director, Southwest Center for Agricultural Health, Injury Prevention and Education University of Texas Health Center – Tyler Department of Medical Education, Tyler, Texas

Dale O. Ritzel, Ph.D.

Director, Center for Injury Control and Worksite Health Promotion

Professor of Health Education

Southern Illinois University, Carbondale, Illinois

Conclusion

Make It Safe educational materials were carefully designed to be culturally sensitive to the beliefs and customs of the Hispanic population. The literacy level of the targeted audience was considered when developing the educational materials in print media and audiovisuals. Effective distribution channels were utilized for nationwide distribution.

Acknowledgments

Bureau of Primary Health Care, Health Resources and Services Administration, located in Bethesda, Maryland, funded this project.

The National Rural Health Association, located in Kansas City, Missouri, published the curriculum materials.

The National Center for Farmworker Health, Inc., located in Austin, Texas, translated the curriculum materials.

References

National Heart, Lung and Blood Institute. (1987). Strategies for Diffusing Health Information of

Minority Populations: A Profile of a Community-Based Diffusion Model. Executive Summary. Washington, DC: Author.

National Safety Council. (1993). *Accident Facts* 1993 Edition. Itasca, IL: Author.

NCHS. (1997). *Monthly Vital Statistics Report*, Vol. 45, No. 11(S)2. June 12: Author.

Nixon, R. (1996). Caution: Children at Work. *The Progressive, August.* 30-33.

Norton, L. and Linder, M. (1994). Migrants: A Special Health Care Case. *New York Times, May 1*. 39-41.

Runyan, D.H. and Morgan, P.C. (1987). Nutrition and Migrant Health: Trends in Nutritional Services at Migrant Health Centers, Georgetown University Child Development Center, Washington DC.

Copyright © IEJHE 1998

http://www.kittle.siu.edu/iejhe