

DEFINITION

The North Carolina Farmworker Health Program follows the definition provided by the Bureau of Primary Care, which states that a health education encounter is a...

“...one-on-one visit between a health education provider and a patient in which the services rendered are of an educational nature relating to health matters and the appropriate use of health services.”

The health educator dialogues with the patient in an **interactive** manner to **promote knowledge** regarding health and healthy behaviors.

NCFHP acknowledges that meaningful health education is conducted with groups *as well as* individuals; in order to document a health education encounter for UDS purposes, however, a group session must also include one-on-one education in which there is an exchange of information.

Y HEALTH EDUCATION ACTIVITIES

Overview

NCFHP health education activities focus primarily on sharing health information. Health education may be provided by **outreach program staff, trained volunteers and students, professional health educators and/or lay health advisors** also known as “promotores(as)”. It may be provided at an **initial visit** or through **follow-up** home/field visits upon completion of an assessment of health education needs.

A health education encounter may be **brief**, such as a one-on-one dialogue lasting several minutes, or **programmed**, such as a longer, interactive group activity or presentation followed by individual conversations with participants.

This chapter discusses NCFHP expectations for **staff preparation and training, assessment of farmworker health needs, and planning and presenting** health education material including a section on recommended **teaching techniques**. At a glimpse, staff providing health education will:

- Complete study of core NCFHP farmworker health modules and attend required trainings.
- Conduct assessment of farmworker health knowledge, behaviors, and/or interests using the list under the “Health Education” section of the individual health assessment.
- Provide educational sessions based on findings from individual health assessments, environmental scans, and/or farmworker interest.
- Use effective teaching strategies, preferably based on popular education principles (described later in the chapter), to present health information focusing on the prevention of illness, the promotion of healthful behaviors, and on how to access and utilize needed health services.
- Share educational health material that is linguistically and culturally appropriate and reflect the reading level and, when possible, the preferred learning styles of the farmworker population being served.

Chapter 7: Health Education

Staff Preparation and Training

The ability to be an effective health educator depends in part on the educator's familiarity with a particular subject along with confidence in his or her teaching skills. NCFHP encourages ongoing education and training of outreach staff on health education topics and techniques.

- **Self Study**

Staff may use [NCFHP Health Modules](#) as a resource for self-study. Each module focuses on a key farmworker health topic and contains a pre-and post-test (or "self assessment") and supporting information on the health topic, as well as a sample lesson plan, activities designed to motivate and empower participants, and recommended resources. Taking the pre- and post-tests is strongly recommended.

Staff are encouraged to visit websites and/or read publications related to farmworker health. Having access to information on health concepts and related issues will help inform the knowledge base from which staff can make the appropriate referrals and determine responses to farmworker needs.

See *Appendix III: List of Farmworker Organizations and Websites*.

- **Workshops and Conferences**

Outreach staff is required to attend all trainings that pertain to them offered through NCFHP. The trainings are aimed at enhancing their knowledge of farmworker health issues and/or their teaching skills. Staff may also take advantage of trainings offered through their agency or other organizations such as education on First Aid, CPR, HIV pre- and –post counseling, child seat installation, etc. The central office team periodically surveys outreach staff to identify currently relevant and desired training topics.

Staff is encouraged to attend other state and national trainings, workshops, and conferences as well as meetings held by advocacy groups and other farmworker organizations. The National Farmworker Health Conference and the East Coast Migrant Stream Forum are two annual conferences that staff can choose from to attend in their first year of employment when the budget allows. These gatherings are opportunities for staff members to meet and learn from others who work with farmworker communities. The NCFHP website has [links](#) to several organizations who host farmworker-related conferences and meetings.

Assessment of Health Knowledge/Literacy

Before planning or conducting health education activities, staff should have a good understanding of the health and social needs of farmworker families in their service area. It can be beneficial to not only grasp the health needs but also understand the learning styles and settings most conducive to learning by area farmworkers. Some ways to assess farmworkers' health literacy and learning preferences are to:

- **Use information gathered from individual health assessments, environmental scans and/or farmworker feedback surveys.**

NCFHP forms such as the health assessment, environmental scan and the annual farmworker feedback survey provide insight as to what health topics and methods may be most appropriate

Chapter 7: Health Education

and relevant. This may be based on any health issues affecting farmworkers at that time, interests they may have, and/or observations made by the outreach worker.

- **Review site data.**

A review of data at the end of the agricultural season may also inform areas to focus on for the coming season. Statistics from the health agency, such as medical histories and common diagnosis/conditions, or research studies done in the area may help staff determine health problems that are currently experienced by farmworkers.

- **Listen to the community.**

Oftentimes the best way to identify priority health topics/issues among farmworkers is to simply listen to the community, including farmworkers and people who work with them like community leaders, healthcare providers and service agency staff. Ways to get this type of information include conducting community forums, hosting focus groups, and/or simply by talking with farmworker during visits to their homes/camps. Student interns and volunteers may be available to help facilitate a focus group in the service area.

When asking farmworkers about the health information they want to discuss, giving examples of 3 to 4 topics (found on the “Health Education” checklist on the health assessment) may provide them with a better understanding of what the program offers and may generate more topics. What is considered urgent or interesting to some is not necessarily considered the same by others. If someone does not express interest and/or if the staff member is at a loss as to what topics to share with farmworkers, then health educators are encouraged to focus on sharing information about topics identified as common health concerns among farmworkers in the state, indicated as “priority” education topics on the health assessment.

Presenting Health Information

After identifying priority health topics, an effective health educator prepares in advance to present health information, not only by studying relevant health topics but also by developing a good **plan** for engaging participants in health education sessions. Planning for health education should take into account the **size/type** of education encounter (one-on-one, brief education, or group session), the **location**, supporting **educational material**, and the teaching **approach**.

- **Size/Type of Education Encounter**

One-on-one education provides an opportunity to tailor a health education session to a person’s own reality and experience. Examples of effective one-on-one education encounters include conversations in which health information is shared, individualized goal-setting, distribution of health education material followed by discussion, and games and activities related to a health topic. The encounter should seek to build upon the knowledge and the ability of the farmworker to address his or her own health concerns. The health educator may help them identify root causes for a condition, and/or guide them in determining steps needed to access resources to bring about healthy behaviors. Certain health topics may be considered to be more personal and private to the individual, in which case a one-on-one education encounter may be more effective and meaningful than a group session. ***One-on-one education is documented as a health education encounter*** for UDS reporting purposes.

Chapter 7: Health Education

Brief education is a one-on-one encounter that is done in a limited amount of time. The often-demanding schedules of many farmworkers and outreach staff require the ability to identify “teachable moments” when they arise, taking advantage of the time spent waiting in the clinic lobby with a patient, transporting them to and from appointments, or simply being together for a limited outreach visit. Brief education encounters, like all NCFHP-supported education, should begin with the farmworker’s experience; asking open-ended questions to get a conversation started is an important technique. Brief education should attempt to convey key messages rather than comprehensive, detailed information; it should also allow for practical goal-setting with the person. If such encounters are done ***one-on-one and fit the NCFHP definition of a health education encounter, they may be documented*** as such.

Group sessions are interactive health education sessions presented to groups. Group atmospheres often provide a fun, engaging arena for peer support, skills practice and collective goal-setting. Educational activities can include games, theater and role-plays, and oral, video or audio presentations on a health topic followed by discussion. ***Group sessions alone do not count as health education encounters*** for UDS documentation purposes; only one-on-one education that occurs during the group visit should be documented.

NCFHP recommends preparing a **lesson plan** in advance of a group session. A good lesson plan includes:

1. Learning objective(s);
2. Key points to be presented with relevant, interactive activities and allotted time for each;
3. List of required materials and/or handouts.

The lesson plan is meant to be only a guide for the health educator and is not meant to dictate or limit learning for the farmworker. Being flexible with the schedule and content of the lesson, focusing on the needs of farmworkers, and avoiding trying to cover everything there is to know about a topic in one activity are things to keep in mind when facilitating group education.

Examples of lesson plans are found in each of the NCFHP Health Modules.

- **Location**

Many people often think of health education as taking place in traditional settings like a classroom. When sharing health information with farmworkers, health educators must be open and ready to present in a variety of settings such as farmworker camps, clinic waiting rooms, health fairs, and in transit.

The following is a list and description of settings in which staff may find themselves conducting health education activities:

Farmworker camps and homes are common places for health education activities to occur, whether at a worksite or residence. Camps are a great place for group activities, and also an ideal setting for displaying posters and flyers about health topics and clinic services. It is recommended to check with the farmworker residents/family before scheduling a health education session regarding an appropriate day and time.

If an educator plans to carry out a group health education activity at a farmworker’s workplace, it may be helpful to discuss plans with the farm owner to determine the best day and time to hold the session so as not to disrupt work. One should also be mindful of

Chapter 7: Health Education

environmental factors and social dynamics at work that possibly affect a person's level of engagement in a health session, such as timing, space and the presence of the employer.

Waiting rooms at healthcare and other service agencies are potential spaces for health education activities. Patients are often required to wait to see providers, meaning there is an opportunity to engage individuals in conversation and learning. It's wise to find a balance between the busiest hours when there is too much commotion and the slow hours when no one is there, and to plan activities that are appropriate for everyone present regardless of age, gender etc. The agency staff should be informed of your planned activity beforehand.

Area businesses can be venues to display health education materials, clinic flyers, and/or to do demonstrations, when business owners allow them.

Health fairs are ideal settings for providing information and services to farmworkers. Services commonly provided at health fairs include dental cleaning, blood pressure checks, cholesterol screening, HIV testing, and immunizations. Outreach staff may search for health fairs that are already organized in the area, and work collaboratively with the fair organizers to make the events accessible to farmworkers. Health fairs require a significant amount of planning and work best when they are well-organized.

Any appropriate situation where you are around farmworkers provides an opportunity to share health information. Health education encounters can occur when visiting farmworker homes, transporting clients, waiting with them to be seen by a service provider, etc. Outreach staff may want to consider keeping a good supply of various-themed health education materials in the car used on outreach, for purposes of being able to conduct education "on the go."

- **Educational Materials**

Quality educational materials can help spark dialogue and reinforce messages presented through a health education session. These resources can come in the form of pamphlets, posters, games, DVD and audio recordings, props for skills demonstration and practice, and models and/or other visual aids that are culturally and linguistically appropriate. There are many, many educational materials available through various health organizations; at times it can be difficult to identify which are the most effective and appropriate for one's resource collection. NCFHP maintains a list of recommended materials, many of which have been evaluated and/or selected for their apparent success in education encounters with farmworkers and their families.

See *Appendix V: Recommended Health Education Material*

- **Approach**

NCFHP believes that meaningful and effective learning happens when there is a good rapport between the participants and the facilitator and participants are active participants in their learning. Health educators are encouraged to engage farmworkers as much as possible in determining topics to be shared as well as the methods used to present the material.

Ways to **actively engage** farmworkers in learning include:

- Inviting farmworkers to select the health topics of interest to him/her
- Sharing with him/her the importance of the topic he/she has selected

Chapter 7: Health Education

- Asking farmworker what he/she already knows about the topic
- Using creative teaching strategies to involve them in the lesson
- Challenging farmworker to apply information and/or new skill with others in the coming week
- Asking follow-up/review questions, giving assignments, and/or sharing educational material
- Providing support, praise, and encouragement to reinforce positive behavior
- Allowing time to discuss concerns, commitments and anticipated or existing challenges

When working with farmworker communities, less formal methods of educating can help break down barriers between the facilitator and participants, promoting more involvement in the lesson and following actions. The education approach should focus on the farmworker's experience and need rather than the instructor's agenda.

INSTRUCTOR FOCUSED METHODS

The teacher/outreach worker is the leader.

The teacher has all the information.

The teacher is the expert.

The teacher prepares a lecture.

The teacher tells the correct answers.

FARMWORKER FOCUSED METHODS

The outreach worker is the facilitator.

The facilitator builds on what people know.

Farmworkers contribute knowledge they have about topic.

The facilitator prepares a number of activities that promote active learning, discussion and sharing of information.

The facilitator helps farmworkers learn from each other.

Effective Teaching Principles and Methods

Popular Education

The North Carolina Farmworker Health program promotes the use of **popular education** methods when presenting health information to farmworkers. Popular education is also referred to as adult education or empowerment education.

Popular education is a form of adult education that encourages learners to examine their lives critically and take action to change social conditions.

It is "popular" in the sense of being "of the people." Popular education emerged in Latin America in the 1960s-1970s; Paulo Freire is its best-known exponent.

The goal of popular education is to develop "people's capacity for social change through a collective problem-solving approach emphasizing participation, reflection, and critical analysis of social problems". Key characteristics of popular education are as follows: everyone teaches and learns, so leadership is shared; starting with learners' experiences and concerns; high participation; creation of new knowledge; critical reflection; connecting the local to the global; and collective action for change.

Source: ERIC Clearinghouse on Adult Career and Vocational Education Columbus OH
<http://www.ericdigests.org/1998-1/popular.htm>

Chapter 7: Health Education

When using the **popular education approach**, the health educator:

- **Starts with what is familiar and addresses needs**

The presentation or session focuses on topics farmworkers are interested in and what is relevant to their actual experience. Using recognizable words/phrases, stories, pictures, games, and role-plays of realistic situations can allow for more participation.

- **Provides new information that builds on existing knowledge, skills and capacities**

Effective health education draws on existing knowledge and skills, then helps people see what they already know, not just what they don't know. One way to determine farmworker knowledge about a topic is to ask probing questions about a particular topic. This strategy may be coupled with a visual aid.

For example, when trying to determine farmworker knowledge about pesticides, the facilitator/educator may display a small container of a common pesticide and ask....

- What do you know about this pesticide or pesticides in general?
- Do you know someone who has been exposed to pesticides?
- What happened to them?
- Do you know how they got sick?
- What do you do in the field to protect yourself from pesticide poisoning?
- What are some symptoms of pesticide poisoning?
- How can you keep yourself from getting very sick if you have been exposed?
- Are you ever hesitant to go to work because of fear of pesticide poisoning?
- What do you think can be done to stop pesticide poisoning?

These questions will encourage the sharing of ideas and personal experiences and can help identify what participants don't know and how to target the activity to their needs. The questions relate to knowledge, skill, beliefs and values and can inspire critical thinking.

Whenever possible, one should avoid complicated charts and graphs to convey new information. Simple graphics work best.

- **Is linguistically and culturally competent and respectful of diversity**

It is very important to be aware of diversity of participants' identities and experiences when facilitating health education. The educator should consider how one's language, race, ethnicity, age, gender, sexual orientation, culture, religious beliefs, socio-economic status, and/or community traditions may factor into their learning experience. The health educator must facilitate an education session in a language the participants understand. The educator should be respectful at all times, even when the opinions or behaviors are different then and/or in conflict with their own personal values and beliefs. An exception to this rule is if the educator identifies behavior that he/she feels is threatening or harming someone else in the group.

- **Provides reinforcement and helpful feedback**

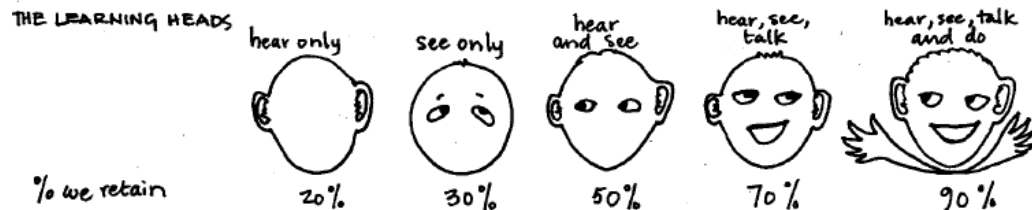
Effective health educators let the participants know how they are doing in the learning process. They reinforce learning by allowing the participant to share what they have learned and by providing material that may later serve as a reminder of the session. The educator checks in

Chapter 7: Health Education

throughout the educational activity to be sure the participant has grasped the concept or learned the skill, and acknowledges achievements.

- **Makes activities participatory**

Most adults learn best when they are participating in the learning. Hands-on activities that involve movement and action are best. In general, people retain more from activities where they *do* something as part of the learning process rather than just hear or see something. Participatory activities can allow participants to share information and learn from each other.



Arnold, A., Burke, B., James, C., Martin, D., Thomas, B. (1991). *Educating for a change*. Toronto: Between the Lines & Doris Marshall Institute for Education and Action.

- **Uses a variety of teaching methods**

Health education methods chosen will depend on the factors covered in lesson planning (size/type of group, location) and the learning objectives. It's recommended to have several lesson plans and activities prepared in advance, from which one can choose to use based on the circumstances. Being ready to adjust the activities is a key tactic, since an educator may learn that the needs and interests of the farmworker participants are different than expected.

The following is a list of **creative teaching activities** that can be used in farmworker health education:

Role-Play: One of the most effective ways to share information and break the ice is through role-play. It requires few props and needs little preparation. Role-play is entertaining--giving people a chance to laugh, get involved and relieve frustrations. A role-play can communicate complicated ideas in an informal and active way. Because the participants are doing the talking, the facilitator can learn important information.

When facilitating role-plays with farmworker communities, it's best to remember to:

- Choose a key issue or event that will be addressed.
- Clearly explain the role of each participant and the use of props.
- Clearly define the start and finish of the role-play.
- Allow participants to react to the situation as they would in real life.
- Conclude role-play with a discussion prompted by questions such as: *What happened? Why did this person do such and such? What could they have done differently?*

Problem Solving Activity: Problem solving is similar to role-playing through the use of real-life situations and interactions. Problem solving can be used when role-play is not appropriate or possible (when time is short or there is too much commotion).

Using "triggers", which may be a picture, a story, or news event, the educator presents the problem to be discussed and follows it by a series of "why?" questions to encourage participants to analyze the situation and determine the root cause of the problem.

Chapter 7: Health Education

Information must be provided as to how to prevent the problem and/or how correct a situation, possibly through supplemental educational materials and a list of resource agencies in the area.

For example:

Present a picture of a farmworker suffering effects of pesticide poisoning (unconscious in the field) and ask participants what they think may have occurred. Ask the participants to help you solve the problem by answering a set of questions.

Question

Why was this person sick?

Why was he sprayed with pesticides?

Why was he in the field?

Why didn't anyone warn him?

Possible Response

He got sprayed with pesticides.

He was in the field when the spraying began.

He was working.

They don't always tell us when they spray.

The key in the example is that all the questions have answers that the farmworkers can provide and must be answered with more than just a "yes" or "no". If the facilitator asks, "What are the symptoms of pesticide poisoning?" participants may share various answers that may lead to dialogue about pesticide exposure, effects, etc. Then a short discussion about how to prevent the problem and/or what to do in case of accidental exposure can occur, followed by distribution of materials related to pesticide safety.

Games: Simple games are also effective health education tools for people of all ages. There are several games that have been developed for use with farmworker communities that are available for purchase or order, such as pesticide bingo (See *Appendix V: Recommended Health Education Material*), but educators have long used a variety of homemade games or activities that require materials easily found at home or elsewhere. Examples include the "grab bag" and the "cabbage toss", described below:

The "Grab Bag" involves a bag full of props related to a specific topic. The bag is passed around to all the participants. Each participant pulls out a prop and answers a question regarding that prop. For example, an HIV/AIDS grab bag would include a box of razors, a condom, a toothbrush, a plastic syringe, a toilet seat, a fork and picture of people having sex, etc. Each participant would tell whether using these articles could spread HIV. This kind of participation can lead to very lively, informative discussions, especially if you ask people to explain their answers.

The "Cabbage Toss" is a game with questions or illustrations about a topic written on paper. The first piece of paper with a question is crumpled into a ball. That ball is then wrapped with another piece of paper with a question on it, and so on, until there is a ball resembling a cabbage with several layers of questions. It is then tossed to a farmworker who takes off the first layer and answers the question on the leaf. He/she then tosses it to another worker who proceeds to answer the layer for the next leaf and so on until no more leaves of paper or questions are left. (*If using illustrations rather than written questions, for low-literacy groups, the farmworker would be asked to say how the image relates to the topic at hand.*)

Games can be especially entertaining when done with at least three players and when there are prizes at the end of a game.

Chapter 7: Health Education

Audio/Visual Aides: Materials that appeal to people who learn best by hearing/seeing can be used in interactive ways:

Posters, pictures, felt boards and models can be used for health education. For example, when talking about nutrition, a diagram that illustrates healthy and balanced eating portions can be displayed. Participants can be asked to compile their own healthy plate using pictures (from magazines, felt, or hand-drawn) representing different food groups and portions. Participants can then describe their personal plates and discuss together how to build balanced meals and the meaning and importance of healthy eating.

Videos/DVDs are good tools for getting a discussion started, particularly those that show real life situations and experiences. Videos/DVDs are most useful when accompanied by an organized discussion before and after viewing, and sometimes during. Participants can be prompted to predict outcomes or reflect on their own experience as it relates to the film, using questions such as:

Do you think this situation in the video is realistic? Has it happened to you?

What do you think that actor is going to do? What can he/she do differently?

Do you agree with what the characters said/did?

Have you ever...(splint a broken leg, tested your blood sugar, taken a pulse) like it was done in the video? Let's practice it.

Can anyone repeat...(symptoms, signs, modes of transmission, etc.)?

Sound recordings/CDs can be used to set the stage for discussion or as a resource participants can take with them to recall what was discussed in the session.

Staff must consider the availability of devices to play audio or video in health education sessions; if planning the session for a farmworker camp or home, staff may want to bring along their own DVD/CD players or laptop with this capacity.

Lay Health Advisor Programs

Another effective teaching method is the use of lay health advisors, sometimes called promotores(as). A lay health advisor model identifies key individuals who are viewed by the farmworker community as natural leaders with whom community members have established rapport and trust, particularly individuals who come from and represent the farmworker community in the area. These individuals can be recruited to work with program staff to impart health information to the community. They may receive training about common health issues and introduced to key contacts and/or service agencies in the area. This way, when an opportunity arises, the promotor(a) can naturally share information with farmworkers without waiting for an educational session to be planned or scheduled. They may also assist with organizing structured health education sessions. Outreach staff should provide lay health advisors with needed materials and contact information.

There are various state and national models for lay health/promotor(a) programs, including some designed for farmworker communities such as those supported by the organizations Migrant Health Promotion and Farmworker Justice.

Health Education Resources

A large variety of health education resources exist for those providing educational sessions to farmworkers in North Carolina.

Farmworker and community health organizations and other organizations, including state and federal departments of health and the Centers for Disease Control and Prevention, offer materials on a variety of health topics. These educational materials can be studied by outreach staff and volunteers to learn more about topics, and/or shared with farmworkers.

For materials especially relevant and appropriate for farmworker audiences, the [NC Community Health Center Association](#) manages a regional email listserv that sends periodic news about educational resources. Additional resources including health education curricula and materials can be found through the [National Center for Farmworker Health's](#) online library, [Health Outreach Partners](#), and [Rural Women's Health Project](#).

For a more extensive listing of resources please see *Appendix V: Recommended Health Education Material*.

Suggestions for Storing Your Materials

- **Three-ring binders** with plastic sleeves can keep pictures, diagrams, and charts protected from weather and tearing. Binders are useful for small group presentations because the images and information can be organized and easy to find.
- **Expandable files** can carry more than a binder and are better for storing large numbers of flyers, brochures, pamphlets, and a variety of forms (screening, referral, questionnaires, etc.).
- **Poster tubes**, like a 'PVC' pipe (3-4" in diameter) with a cap, can be purchased at a large hardware store. The tube helps keep posters and larger visuals protected from weather and damage.

DOCUMENTATION

Upon completing a health education session, staff will...

- Record topics of interest to farmworkers by checking off the topic listed under the Health Education section of the individual Health Assessment.
- Record topics shared with farmworkers using either the Health Assessment for new users or the Enabling Encounter form for follow-up visits.
- Enter health education topics shared with individual farmworkers into FHASES.

PERFORMANCE EVALUATION

The Program Coordinator, as well as staff assigned to outreach, may use the following questions to evaluate performance in accordance to NCFHP's expectations and standards:

- Did staff complete study of health education modules including completing the pre- and post-tests for each?
- Did the staff assess farmworkers' interests/need for health information using the health assessment form?
- Was a presentation made on at least one of NCFHP's list of core health issues affecting MSFWs?
- Was the information provided accurate?
- Were educational materials and/or handouts of available resources provided to reinforce learning?