

streamline

The Migrant Health News Source

Focus on Migrant Youth

In this issue of *Streamline* we focus on adolescent migrants including several important programs designed to address the unique needs of this population.

Across the United States, migrant workers conduct labor-intensive tasks in agriculture and other hazardous occupations. Among farmworkers, recent estimates indicate that among the nearly two million migrant and seasonal farm laborers, about 7% are between the ages of 14 and 17 years; and among these adolescents, a large and growing proportion of them are single males. Many of these young workers travel long distances to secure temporary employment because they need work, and because employers need workers. What is unique about these young workers? Consider the following facts about adolescent migrants:

- About half of them are de-facto emancipated minors, lacking adult guardianship.
- Many live in households that do not include parents or other family members.

- Many are new international migrants, entering an unfamiliar country.
- Many are working in agriculture or other hazardous occupations for the first time.
- Few are knowledgeable about occupational safety and health principles.
- Few have had the benefit of preventive health services.
- Many still have developmental needs for good nutrition, safety, and social support.
- Many are securing income to send back to their family members.
- Many have unsafe modes for transportation.
- Some are limited in their ability to speak or read English.
- Many have had limited opportunities for formal education.
- As adolescents, they tend to be risk takers who do not comprehend long-term impli-



- cations of disease, injury, and disability.
- As adolescent workers, they are particularly vulnerable to inappropriate work assignments, workplace harassment and intimidation.
- As adolescents, they are going through a challenging passage in life...a time when adult supervision and guidance may not necessarily be welcomed, but often is warranted and subsequently appreciated. ■

Adapted from Vela Acosta, M.S. and Lee, B. (eds.) (2001). *Migrant and seasonal hired adolescent farmworkers: A plan to improve working conditions*. Marshfield, WI: Marshfield Clinic.

Hispanic Adolescent Farmworkers' Perceptions Associated With Pesticide Exposure

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Agricultural work is one of the most dangerous occupations in the United States. In addition to suffering a disproportionate rate of occupational fatalities and high rates of disabling injuries (National Safety Council, 2002), farmworkers are regularly exposed to toxic chemicals designed to kill living organisms.

There are approximately 2.5 million seasonal and migrant farmworkers in the United States; approximately 1.8 million work with crops and thus are potentially exposed to pesticides (U.S. GAO, 2000). The extent of pesticide related illness among these workers is unknown. Although 10,000 to 20,000 incidents of physician-diagnosed cases are reported each year, this number may represent "serious underreporting" (U.S. GAO, 2000). In fact, the U.S. Environmental

Protection Agency (EPA) suspects that as many as 300,000 farmworkers suffer from pesticide-related illness each year, and that many of these are children (Davis, 1997).

Although the number of farmworker youths is not reliably known, estimates suggest that approximately 7% of seasonal and migrant farmworkers are between the ages of 14 and 17 (Acosta & Lee, 2001). Because these youths are smaller and are still developing, they are particularly vulnerable to the adverse effects of pesticide exposure (Davis, 1997; U.S. GAO, 2000). The adequacy of agricultural safety and health training and the effectiveness of protective standards for youth workers have been questioned (Quandt, Arcury, Austin, & Cabrera, 2001; Shu et al., 1988); furthermore, the practices and training designed for adults may not be

adequate for an adolescent population (Committee on the Health and Safety Implications of Child Labor, 1998; McCauley, Sticker, Bryan, Lasarev, & Scherer, 2002).

The purpose of this descriptive study was to elicit migrant adolescent farmworkers' perceptions about pesticide exposures...The study participants consisted of adolescents ranging from ages 11 to 18 years who maintained a migrant lifestyle and who either worked or were planning to work in agriculture. Participants were recruited from a state Migrant Education Program (MEP), an English as a Second Language (ESL) evening program, or from migrant farmworker housing camps. All participants received pesticide training, as required by the EPA (1990)

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Worker Protection Act. The training, which was provided by EPA-certified trainers, consisted of a video or flip-chart presentation that described hazards related to pesticide exposure and methods that could be used to reduce risks. The focus sessions occurred approximately 2 weeks following the training. Recruitment was conducted face-to-face by project staff until the desired number of participants was attained. To reduce the tendency for group fragmentation groups were limited to 6 to 10 adolescents (Krueger, 1994; Morgan 1998).

Description of the Sample

The mean age of the 33 adolescents recruited for the study was 15.2(SD ± 2.1) with the majority between the ages of 13 and 16 years. Nineteen were young men; 14 were young women. All participants were of Hispanic origin; 59.4% were born in Latin America (18 in Mexico, 1 in Guatemala), and 40.6% were born in the United States. Of the participants, 23 (71.9%) had some formal education in the United States; the remaining 28.1% received their education in Mexico. The two predominant languages were English and Spanish; 100% of the participants spoke Spanish, 68.8% spoke English, and 37.5% spoke an indigenous dialect. During the focus groups, participants were asked to indicate their age when they began working in the fields. Of the 22 who responded, 90% indicated that they were younger than the age of 13 years when they began working. The average age was 10.9 years; however, four participants indicated that they were 8 years of age. The majority (89.3%) performed fieldwork, such as harvesting and related activities, whereas 10.7% performed other tasks, such as keeping the field clean or picking rocks. Fieldwork consisted of hoeing, planting, pruning, as well as picking crops and loading containers. Some stated that they lifted and carried these containers as well. Other types of work reported included cutting grass and packing crops (on a packaging line). Two participants indicated that they occasionally mix or apply pesticides.

Discussion

Although the findings indicated that these adolescent farmworkers are aware that there are risks associated with pesticide exposure, there were varying opinions regarding their perceptions of personal vulnerability. There were two lines of thinking. The first suggested that sickness was an inevitable by-product of their work; the second suggested that the "weak" are the most likely to be vulnerable. Both positions may lead to complacency. In the first case, the worker may be say-

ing, "What's the point, I am going to get sick anyhow. Why bother protecting myself?" In the second case, if they see themselves as fit and "strong," they may not see the need for appropriate precautions. These findings confirm reports by Hunt, Tinoco-Ojanguren, Schwartz, & Halperin (1999) whose ethnographic surveys with adult farmworkers in southern Mexico revealed that they considered pesticide illness as part of the job and something that a healthy person could endure. Other studies have suggested that Mexicans and Mexican Americans often consider the sick and infirm to be vulnerable to pesticide exposure (Lantz, Dupuis, Reding, Krauska, & Lappe, 1994).

Of particular note is the fact that the majority of the barriers to safe work practices seemed to be at the organizational level. Most notable were the struggles with the boss, who was often perceived as demanding and uncaring. Participants also noted environmental conditions that interfered with their ability to carry out safe work practices. Although in several instances, appropriate provisions (i.e., soap, water, washing facilities) were available, there were several reports of inadequate stocking of and inability to access items. Even if supplies were available, the psychological demands of the workplace often precluded these young workers from feeling free to use them. The participants of the present study exhibited a strong sense of responsibility toward their families; these were not a group of self-serving teenagers. Although they expressed a desire to do well in school and to be successful, they accepted their responsibility to their families as a first priority. The majority gave at least a part of their income to their parents or relatives in Mexico. This neglect of self for the good of the greater community may also influence the strength of their resolve (or lack of resolve) to protect their own health.

The descriptions that the adolescents gave regarding the nature of safety training that they have received are particularly disturbing. Castillo, Davis, & Wegman (1999) reported that given the limited experience that youths bring to the workplace, they may require additional time and different approaches to training than adults. Ethnic diversity, language barriers, and low educational attainment of the farmworker population add additional challenges to the task of increasing the occupational health and safety of this working population. Several youths indicated their primary source of information about health hazards and safe work practices were family members, primarily their parents. Recent data indicate that approximate-

ly one-half of hired farmworkers who are between 14 and 17 years old live on their own, away from their parents (Mines, Gabbard, & Stierman, 1997; U.S. GAO, 1998b). In a 1997 study of adolescent farmworkers in one county in Oregon, McCauley et al. (2002) reported two-thirds of the adolescent farmworkers in that study were not accompanied by their parents. Health and safety professionals cannot assume that parents of these adolescent farmworkers will provide agricultural safety education, nor can parents or family members be expected to accurately relay all of the Worker Protection Standard points to teenagers new to the industry.

The comments of several participants suggested that these youths are adapting an identity that defines their roles in society.... They seemed to say, we are Mexicans; Mexicans are destined to work in the fields, thus my life's work is in the fields. Many feel they have few or limited choices. This sense of powerlessness, coupled with traditional family and cultural values and documentation issues, may serve as major deterrents to self-advocacy in terms of health and safety. Programs targeting health and safety must also serve to empower these workers to stay safe and healthy, to feel that they can speak out on their own behalf, and that they can demand to have training materials that they understand and utilize.

It was interesting that some youths indicated that there should be regulations to protect workers, such as notification signs of dangerous areas, training requirements, and owner-supplied protective equipment, yet these regulations are well articulated in the EPA Worker Protection Standard. These findings along with those of others (Arcury, Quandt, Cravey, Elmore, & Russell, 2001; Larson, 2000; McCauley et al., 2002) suggest that the EPA Worker Protection Standard is not functioning as intended. Larson (2000), in an evaluation report of the Worker Protection Standard, reports that training occurs less frequently among the seasonal and migrant farm laborers than it does among other farmworkers. The health of these youths is further compromised by the fact that many began working in agriculture at such young ages and that this may be in conflict with the child labor requirements under the Fair Labor Standards Act (U.S. Department of Labor, 1984). The act indicates that the minimum age for unrestricted nonhazardous agricultural work is 16. For youths younger than 16, work is restricted to after school hours. Youths under 14 must have parental

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permission or work alongside their parents. Minors of any age may work on their own family farm. Compared to other industries, agriculture work maintains an entirely different set of child labor regulations, which may not be strictly enforced. If adolescents perceive a lack of regard for basic labor laws, they may also apply no regard to other work-related regulations, such as certification for pesticide application or use of personal protective equipment.

The adolescent migrant farmworker population represents an extremely vulnerable working population. Within the United States, an increasing number of youths working in agriculture are not

children working on the family ranch or for small local farms but rather children who work as hired labor on a migrant or seasonal basis or have parents who work as migrant and seasonal workers (U.S. GAO, 1998a). ...The many organizational, social, and cultural barriers that prevent these youths from working safely must be factored into training programs. There is a compelling need to develop and test strategies that will truly be successful in preserving and protecting this vulnerable population. In addition, further studies are needed to fully understand the unique occupational health and safety needs of these workers. ■

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Youth Creating Change:

Infórmate for Farmworker Teen Health Program

“Being a Teen Health Aide means that I get an opportunity to help and inform other teenagers. I think that it’s very important for people to be informed, so that they can have a safe, healthy life.” - **Cindy Roman, Teen Health Aide, Michigan**

Migrant Health Promotion’s *Infórmate* for Farmworker Teen Health Program has provided an opportunity for migrant farmworker teens to positively impact their communities and use their skills and talents to create change. Through peer educators, *Infórmate* focuses on helping migrant farmworker youth make healthy decisions, especially around issues of substance use and abuse and HIV infection. The program runs in three geographically diverse sites in Michigan and has a sister HIV-prevention program in Migrant Health Promotion’s Texas office.

Migrant farmworker youth are in an excellent position to effect change in their communities. The *Infórmate* peer health educators, called Teen Health Aides, are recruited from the farmworker community and are of the same ethnicity, culture, and socioeconomic status as the target population. They provide health education, peer support, and healthy activities in their communities. These

“Being a Teen Health Aide means being more responsible for my actions and learning about what can happen in the real world.”

- **Aaron Avalos, Teen Health Aide, Michigan**

youth connect their fellow teens and adolescents with information, services, and support in a way that improves overall community health.

Infórmate is a comprehensive program with several components, including peer-led individual and group health education, a theater presentation performed by the *Infórmate* Theater Troupe, team-building activities, and referrals to services. Eighteen trained Teen Health Aides completed over 2,500 health education contacts in years 2002 and 2003 with their peers and community members.

Migrant Health Promotion has operated the *Infórmate* program in Michigan since 1995. Recent funding from the federal Substance Abuse and Mental Health Services

Administration has allowed Migrant Health Promotion to expand and evaluate the program.

In Michigan, Migrant Health Promotion has conducted evaluations of the *Infórmate* program using both quantitative and qualitative methods. Quantitative data gathered from self-report surveys of program participants indicates that *Infórmate* is working. Reports from Teen Health Aides showed that over 94 percent of them improved or maintained healthy behaviors that prevented risk of HIV infection or substance abuse. In addition, over 55 percent of farmworker teens receiving individual and group health education improved their attitudes and beliefs about HIV infection and substance abuse. A survey conducted with another group of farmworker youth participating in a theater performance and two follow-up health education sessions revealed that 99 percent either maintained zero drug use or lowered their drug use. Surveys completed with other cohorts of farmworker youth also suggest that the program reinforced prevention messages that led to a lower rate of risk for substance abuse and HIV infection.

Migrant Health Promotion also had the opportunity to delve into the experiences and thoughts of Teen Health Aides and of other migrant farmworker youth through qualitative focus groups. Each group responded to one to two questions probing into health issues that farmworker teens face. Due to the low number of participants (36 Teen Health Aides and 45 farmworker teens) in 12 focus groups over the course of two years, the findings are anecdotal, but they provide insight into the challenges and threats to health that youth face. Drug use, including drinking alcohol, smoking, marijuana and other illegal drug use, was listed in all of the focus groups conducted as one of the most important problems or issues that migrant farmworker teens face. The other two most frequently listed issues were pesticides and sex, including sexual decision-making and abstinence. HIV, teen pregnancy, and peer pressure were also mentioned in several focus groups. Finally, abstinence, nutrition, and family issues (ranging from

worries about money to child abuse) were also discussed among the youth participating in focus groups.

As migrant farmworker youths in

“Being a Teen Health Aide means a lot to me because people can look up to me, and then they can give good advice back to me and to other people.”

- **César Fernandez, Teen Health Aide, Michigan**

Michigan are showing, teens can create real change in their own lives and in the lives of their peers and communities. One Teen Health Aide explains his story this way:

*At first, Juan did not think that being a Teen Health Aide was “anything big.” Soon, however, he began involving camp residents in the *Infórmate* activities and providing them with valuable information and education. The most important thing about being a Teen Health Aide was “knowing that you could help someone out.” During the winter months of his senior year in high school, Juan became a Teen Health Aide in Migrant Health Promotion’s *Protégete* Program in Texas. Through the Theater Troupe, Juan and the Teen Health Aide actors taught their peers about HIV and AIDS in a creative, dynamic way. The passion for education and working with others that Juan gained as a Teen Health Aide continues to drive his pursuit of higher education. Juan currently studies agricultural business management at Michigan State University. In keeping with his longtime role of Teen Health Aide, he is trying to convince his brother and sister to attend college, too.*

For more information on the *Infórmate* for Farmworker Teen Health program or to order an *Infórmate* Tool Kit containing a Manual, a set of “Teaching Notes,” and an Implementation Guide, please contact Jennifer Filipovich at (734) 944-0244 or at jfilipovich@migranthealth.org.

¡Sígame! Para vivir más, no fumes: A Youth Run Tobacco Prevention Program

Many of the most successful tobacco prevention efforts have been developed and carried out by teens. One such program focusing on farmworker youth is *¡Sígame! Para vivir más, no fumes* created by the Rural Women's Health Project (RWHP) in Florida.

RWHP, founded in 1992, develops community-based educational materials, independently as well as in collaboration with other grass-roots organizations. Their projects focus on the health issues of rural women and their families, with a special emphasis on the challenges faced by Spanish-speaking farmworking families.

The RWHP produces culturally and language-appropriate materials which emphasize communities working together to find realistic solutions to their common obstacles. Therefore, all of the RWHP projects are developed with the community of people they will serve. Two essential aspects of material development include the modeling of good health behaviors and the importance of "each one, teach one."

Their projects, while always responding to community needs, have been used nationally to support the health education of organizations, clinics and outreach programs working with farmworkers.

The *¡Sígame!* project was created as a tobacco awareness project. Hispanic youth from rural Florida came together to learn new skills, then use their own words and these newly acquired skills to affect positive change. Using the testimony of other *¡Sígame!* members and community sponsors, here is their story:

The first day we came together we were 20 youths from Lake and Sumter counties. We ranged in age from 11-22. We were all Hispanic, but from different backgrounds — Mexican, Costa Rican, Puerto Rican and Cuban. Many of us were shy and hesitant. We began as 20 separate kids, but we quickly grew into a team of many more.

In our first year, we learned and accomplished a lot! Over several months, we developed a peer survey, created three *novelas* and designed two posters. Most of all, we learned you can come up with so many incredible ideas when you work with others.

We learned how to survey our friends and other peers at church, school and around our communities. We worked to teach our community about tobacco use and also that you can speak what is on your mind!

After all the surveys were tallied, we reviewed those thoughts in order to get ideas for what we would write about. We learned that it was important to ask other's opinions. This gave us knowledge and insight to create stories for our peers. "...Hispanic youth listen to other Hispanic youth!" We developed our own original materials to share with them what we heard them say.

We worked hard, in small groups, to come up with storylines for the two *fotonovelas* that we developed. We also designed two posters that spoke directly to our community.

We used a variety of fun exercises to understand how the tobacco corporations get our community to smoke. We wrote



¡Sígame! Youth Tell Their Story

some of our own ads to sell tobacco products and then wrote the counterpoint. This was one way to get us to think about how to get messages across in posters and short *fotonovela* stories.

To make our *novelas* interesting, we spent time acting, playing games and learning to express ourselves in visual images.

Some of us liked acting better than others. But we all really enjoyed the day of the photo-shoot and working with a professional photographer.

We had no problem becoming actors. Some of us had big parts and others got to blend into the background!

We learned many tricks of the trade in television and print media. We used local places like this restaurant for the photo-shoot.

We survived the day of the photo-shoot and had a lot of fun with what we accomplished a lot. Now, it was time to take what we had done back to our communities.

For the last three years we have taken our *fotonovelas*, posters and anti-tobacco message to *Cinco de Mayo* celebrations in Central Florida.

The 2001 Dade City *Cinco de Mayo* was a fabulous experience. We marched in a parade through the Hispanic communities and people cheered us on!

In 2002, we met new people who listened, read our materials and were receptive to what we were doing. They answered our surveys and gave us new ideas for our future work.

During two *Cinco de Mayo* events we completed 178 surveys that evaluated the posters and *fotonovelas* that we developed. Of those interviewed, over one-third had tried tobacco products. From those interviewed, 80% thought that the posters and *novela* stories were real.





Poster created by the Sigame youth

Some people commented that:

1. "because the novelas are attractive, they both educate and entertain the reader",
2. "they help to reteach us about things that can harm others as well as ourselves,"
3. "...the fotonovelas are good because they will inform people "so others won't make my mistake.."

New Resource Available from MCN for Working with Adolescents

"Adolescent Farmworkers at Risk" is a six-module distance learning offering that provides a comprehensive overview of the adolescent farmworker population and the environmental hazards they face. The offering is designed to raise health care provider's index of suspicion regarding environmental causes of disease and injury among adolescent farmworkers while also providing them with the tools and resources needed to address environmental concerns. Go to MCN's website www.migrantclinician.org for more information.

This year at the Groveland *Cinco de Mayo* activity we decided to do something different.

We not only gave out hundreds of posters and *novelas*, we organized free activities for the children.

We wanted other kids to see how much fun it is to do community health projects.

The *Cinco de Mayo* activities have been fantastic for us. We met new people, made new friends and got our message out. We also got to celebrate our Hispanic pride.

At the celebration, we also carried out community health surveys. These surveys offered an opportunity to our community to identify their greatest concerns about tobacco in our community. One half identified

smoking cigarettes as a serious problem in the community, another quarter of those interviewed stated that illegal marijuana use was the biggest tobacco problem in the community. This was followed by chewing tobacco. Cigars were not identified as a problem in the community we surveyed.

We asked everyone, Hispanic and non-Hispanic, old and young. We are sharing the results of this information with our community health clinics, community health alliance and we will also use it to plan new *¡Sigame!* activities. "Teenagers actually do care about their health and future."

This year we have also been building our skills by participating with other kids from surrounding counties in skill building workshops.

We have really enjoyed the opportunity to join with other kids to exchange experiences and learn how to do new work.

¡Sigame! has been for us, an opportunity to meet new people, to share our ideas, learn to listen and support others and enjoy new friends.

We also now know that using new skills, we can make a difference in our community.

If you would like to know more about this model and how you can implement a similar project with the youth in your area, the booklet available for purchase is called *¡Sigame! A Handbook of Activities*. It is a 30 page how-to handbook that was developed for youth and adults. The activities are tools for analysis, decision-making and action planning. All the activities are interactive, most use visual or creative arts. In the packet we include sample materials from the *¡Sigame!* project (fotonovelas and posters). This is available for \$25/shipping included from: RWHP, P.O. Box 12016, Gainesville, FL 32604, 352-372-1095 (Voice), 352-338-8211 (Fax), www.rwhp.org.



MCN Makes 2004 Practicum Selections

"As my education, work and life choices have evolved into a career, I have committed myself to working with underserved, disadvantaged and neglected populations." Reading quotes like this in the many applications for the New Provider Practicum in Migrant Health give one hope for the future of health care for the underserved. It also makes it difficult to choose only eight graduating health professionals for placement in migrant health centers!

The 2004 "New Providers" — representing the 14th year of the program — is another inspiring group of Physician Assistants, Nurse Practitioners, Nurse-Midwives, and Dental Hygienists. They come to the world of migrant health, new to their professions, but with a wide range of life experiences— EMT in Brazil, volunteer birth assistant for immigrant women at an urban hospital, English teacher in Spain, medical assistant in a migrant health clinic, certified medical interpreter, a childhood in Tijuana, case manager at a homeless center, and medical anthropology research in Oaxaca. All are bilingual, two are bicultural.

The eight 2004 Practicum providers and their preceptors from the health centers where they have been placed, came together in Miami, in conjunction with the annual migrant health conference, for a one-day orientation to migrant health and the expectations of their 4-month placement. They

received information about migrant health issues, cultural competence, and the logistics of moving to a new community and working in a migrant health center. The providers will spend the majority of their time in direct patient care, but will also work on a project that will fulfill an unmet need at their site.

Applications will be accepted in the fall of 2004 for the 2005 Practicum. Interested individuals can access online applications beginning in October on the MCN web site at www.migrantclinician.org/programs. For further information, contact the program's coordinator, Candace Kugel, at kugelzur@migrantclinician.org.

The 2004 recipients of the New Provider Practicum in Migrant Health and their placements are:

1. **Yvette Fletcher**—Dental Hygienist, Beaufort Jasper Hampton Comprehensive Health Services, Inc., Ridgeland, SC, Yulinda Rhodes, DDS—preceptor
2. **Samantha Miller**—Nurse-Midwife, Hudson River Healthcare, Inc., New Paltz, NY, Joan Combellick, CNM—preceptor
3. **Abigail Pike**—Nurse-Midwife, North County Health Services, San Marcos, CA, Susan Melnikow, CNM—preceptor



4. **Tammera Park**—Physician Assistant, Family Health Centers of Southwest Florida, Inc., Ft. Myers, FL, Laura Cox, MD—preceptor
5. **Jena Hoeft**—Physician Assistant, Clinica Adelante, Inc., Matthew King, MD—preceptor
6. **Jaime Lopez**—Physician Assistant, Community Medical Centers, Inc., Dixon, CA, Cha Thao, MD—preceptor
7. **Meghan Sullivan**—Nurse Practitioner, Southwest Virginia Community Health Systems, Troutdale, VA, William T. Powers, MD—preceptor
8. **Cheryl Mason**—Nurse Practitioner, Clinicas del Camino Real, Inc., Ventura, CA, Anil Chawla, MD—preceptor

Aunque Cerca... Sano

This 16-page, Spanish language comic book targets migrant and seasonal farmworker families to educate parents about children's risks to pesticide exposure and ways to minimize these risks. It was developed by Migrant Clinician Network, Farm Safety 4 Just Kids, and National Children's Center for Rural and Agricultural Health.

Listed below is a short summary of the contents of the comic book in English.

As a farmworker couple returns from the field their friends ask why they are not hugging their children. They explain that they do not want to expose their children to the field chemicals on their clothing. They discuss another friend's son who became ill after being exposed to similar chemicals. The health effects and risks to children from exposure to pesticides are discussed.

The comic book explains that children can be exposed to chemicals through breathing them in through their nose and

mouth, ingesting them through their mouth or absorbing them through their skin. The comic book recommends ways to minimize these routes of exposure by removing chemical contaminated clothing and shoes before entering the living area, washing chemical laden clothing separately from the rest of the family's clothes, not allowing kids to play in contaminated areas, washing fruits and vegetables before eating, not reusing pesticide containers, not playing in water canals, drinking safe or bottled water, practicing safe household and personal hygiene (e.g. keeping the house and toys clean, showering after working in the fields and washing children's hands).

The comic book discusses the health effects resulting from acute and chronic exposures to pesticides. It mentions the possible health effects of chronic exposure including cancer, birth defects, or reproductive damage. The importance of following instructions on the chemical label



and heeding instructions when it is safe to enter fields where chemicals have been used are discussed. If illness is suspected to be related to field or home chemical exposure medical attention should be sought. It is recommended to take the pesticide label to the doctor's office.

Contact Farm Safety 4 Just Kids at 1-800-423-5437 for more information on printing your own comic books or ordering additional copies of this book.



Migrant Clinicians Network

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The following dates may be useful as you plan Health Education events:

August

Clean Air Month
National Food Safety Month
World Breast-feeding Week (1-7)

September

Baby Safety Month
Back to School/Child Passenger Safety Weekend
Children’s Eye Health & Safety Month
National 5-A-Day Week (7-13)
National Cholesterol Education Month

October

Breast Cancer Control Month
Child Health Month
Domestic Violence Awareness Month
Family Health Month
Flu & Pneumonia Campaign
Healthy Lung Month
Mental Illness Awareness Week (5-11)
National Adult Immunization Awareness Week (12-18)
National Breast Cancer Awareness Month
National Dental Hygiene Month
National Depression Screening Day (9)
National Health Education Week (19-25)
National Hepatitis Awareness Week (19-25)
World Food Day (16)

calendar

18th Annual California Conference on Childhood Injury Control

September 27-29, 2004
San Francisco, California
www.cipp.org

Fourth National Conference on Quality Health Care for Culturally Diverse Populations

September 28-October 1, 2004
Washington, DC
718-270-7727
www.DiversityRx.org/ccconf

17th Annual East Coast Migrant Stream Forum

October 21-23, 2004
Hilton St. Petersburg
St. Petersburg, Florida
The North Carolina Primary Health Care Association (NCPHCA)
919 469 5701 tel
800 277 6092 tel
www.ncphca.org

Fall 2004 Primary Care Conference

October 23–27, 2004
Salt Lake City, UT
Northwest Regional Primary Care Association
206-783-3004
www.nwrpca.org

The 14th Annual Midwest Farmworker Stream Forum

November 18-20, 2004
Adam’s Mark,
Denver, CO
National Center for Farmworker Health, Inc.
(512)312-2700
(800) 531-5120
Lisa E. Hughes, Hughes@ncfh.org
www.ncfh.org