

# CHAPTER 9: OUTREACH-CENTERED HEALTH EDUCATION RECIPES



*Photo courtesy of Eastern Shore Rural Health System, Inc.*

*In this chapter you will find...*

- **Quick & Easy Health Education Tools**
- **Pesticide Exposure**
- **Heat Stress**
- **Diabetes & Obesity**
- **Stress**
- **Sexually Transmitted Infections**
- **Family Communication About Sexuality**

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## INTRODUCTION

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Health education and promotion are essential strategies for fostering farmworkers' engagement in positive health behavior. Oftentimes, outreach staff address the health needs of migrant and seasonal farmworkers through targeted health education. Outreach workers are renowned for their ability to relay valuable health messages to farmworker audiences in a culturally competent way. Sometimes these educational encounters are specially designed and need significant planning. Other times, they are unstructured, more spontaneous, and occur in situations that require adapting content according to farmworker's schedules. This chapter focuses on structured health education lessons targeting migrant and seasonal farmworker populations.

This chapter offers outreach staff Health Education Recipes and tools for facilitating what HOP calls *outreach centered health education*, a concept originally introduced in our *Curriculum for Outreach Centered Health Education (COCHE™)*. This type of instructive approach is unique, as it focuses on delivering health education in an outreach context that responds to the health needs of farmworkers. The health education resources and recipes in this chapter can be implemented during a short period of time and within an outreach setting (where farmworkers live, work, and congregate).

The recipes in the following pages provide examples of reliable models for delivering outreach centered health education. Each recipe was designed to provide outreach staff with a set of hands-on, practical tools that can be readily used among diverse farmworker audiences. This chapter contains two primary sections:

**HOP's Health Education Recipes are available online!**

Visit [www.outreach-partners.org/healtheducation/recipes.html](http://www.outreach-partners.org/healtheducation/recipes.html)

***Quick & Easy Health Education Tools*.....9-5**

These Quick and Easy Health Education Tools provide outreach staff with brief activities to last about 5-10 minutes. Each tool serves a purpose, including icebreakers, dividing groups into pairs/teams, evaluation, and incentives. These tools can be used in conjunction with many other health education topics.



***Health Education Recipes*.....9-11**

The Health Education Recipes section provides a set of hands-on, practical health education activities to be used among farmworker audiences. This section includes “recipes” that lay-out a series of steps to carry out a 30-60 minute health education session along with Information Sheets that provide useful background information on the topic at hand. The Information Sheets are written for health educators only, and are not to be given out to participants. These sheets are not a comprehensive summary of all there is to know about the topic; instead, they capture key information relevant to the Health Education Recipes that correspond to that topic.



Each Health Education Recipe is intended to stand alone; however, one, two, three, or more recipes can be delivered at a time, in any order. Recipes can be used in conjunction with existing curriculum. However, this chapter should not be considered a substitute for a comprehensive health education curriculum. The Health Education Recipes are organized in the following manner:

- 1) Pesticide Exposure.....9-11
  - Health Education Recipe: Body Mapping
  - Health Education Recipe: How Do Pesticides Enter the Body?
  - Health Education Recipe: Drawing Pesticide Solutions
  
- 2) Heat Stress.....9-23
  - Health Education Recipe: Help a Friend!
  - Health Education Recipe: Heat Safety Cards
  
- 3) Diabetes & Obesity.....9-31
  - Health Education Recipe: Healthy Portions
  - Health Education Recipe: Lower the Trans Fat!
  - Health Education Recipe: Physical Activity Paper Ball Game
  
- 4) Stress.....9-46
  - Health Education Recipe: Managing Stress
  - Health Education Recipe: Coping with Culture Shock and Displacement
  
- 5) Sexually Transmitted Infections (STIs).....9-56
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  - Health Education Recipe: Signature Hunt
  
- 6) Family Communication about Sexuality.....9-64
  - Health Education Recipe: Attitudes and Beliefs
  - Health Education Recipe: Talking about Sexuality and Values



**How Can HOP Assist You Further?**

If you would like more information on these topics, please visit [www.outreach-partners.org](http://www.outreach-partners.org) and click “contact us.”

Specifically, HOP can help you:

- Tailor Health Education Recipes to the specific needs of your farmworker–serving organization and target population
- Review health education materials for appropriateness with farmworker populations
- Evaluate the effectiveness of specific health education activities
- Assist farmworkers in becoming equal partners in their own health care



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## METHODOLOGY

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According to HOP's *Breaking Down the Barriers: A National Needs Assessment on Farmworker Health Outreach*, health education was the most frequently performed outreach activity as well as the outreach activity of highest priority to respondents' organizations. Health education skills are integral to the effectiveness of any program that provides health outreach to farmworkers and their families. As such, HOP has designed a host of products and services that address the demands for this critical skill set—of which this chapter is just one part.

Each Health Education Recipe falls into one of the following topics: Mental/Behavioral Health, Nutrition, Occupational Health, and Sexual Health. These topics were identified based on findings from the *2005-2006 National Needs Assessment of Farmworker-Serving Health Organizations* as well as anecdotal information collected through interactions with farmworker-serving organizations nationwide. An advisory council comprised of migrant health leaders was organized for each topic. Each council provided guidance on what specific areas should be emphasized within the Health Education Recipes. Based on this information, HOP developed Health Education Recipes based on activities used by organizations with farmworker populations and/or in outreach settings. Additionally, farmworker parents involved in the leadership of a Migrant and Seasonal Head Start agency also contributed to this process.



*Photo courtesy of HOP*

HOP wishes to thank the following people and organizations for their generous contributions to the Outreach-Centered Health Education Recipes chapter:

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## QUICK & EASY HEALTH EDUCATION TOOLS

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Part of offering enriching outreach centered health education is having a variety of flexible, useful, and fun activities that are available in a “snap.” These activities, or tools, can be drawn upon at a moment’s notice and require minimal preparation time. Generally, each one will require 5-10 minutes of delivery time.

These activities are amenable to various health education topics and are categorized below according to four uses: icebreakers, dividing groups into teams/pairs, evaluation exercises, and incentives. Additionally, in the Health Education Recipes section, we have included suggested Quick and Easy Health Education Tools that complement the recipes. Try one out for yourself and see how these tools can work for you!

### Icebreakers

Icebreakers are activities encourage a comfortable educational setting and help participants become acclimated to a learning environment. Icebreakers also facilitate proper introductions, especially for those new to the educational setting. Additionally, icebreakers stimulate fun and engaging interactions that create a positive atmosphere for participatory learning. Icebreakers are typically used at the beginning of a health education session to motivate participants; however, they can also be used midway through a session to energize people.

The following easy-to-implement icebreakers are proven to be useful tools in health education settings with farmworkers. Some of the activities require more time than others; we strongly advise you to assess your time parameters and choose the icebreaker best suited for the specific needs of your audience and health educational setting.

### Cabbage Game

Write health-related questions and some fun “get to know you” questions on individual sheets of paper. Make a ball out of the questions, crumpling one sheet over the others so it is easy to take off one sheet while the paper cabbage stays intact. Instruct participants to throw the ball around the group. As a person catches it they peel off a layer, read the question, answer it, and then throw it to the next person.



### Grab Bag

Place several health topic objects related to one health topic in a bag. Have a participant choose one object then discuss its relevance to the health topic. Try to have several grab bags on topics already prepared ahead of time. Sample grab bag health topics include: STIs/STDs, blood pressure, pesticides, sun/heat exposure, and nutrition. A pesticide grab bag could include such contents as the following: pesticide warning sign/label, long-sleeved shirt, long pants, hat, socks, gloves, an EPA blue card pesticide poster, symptoms pictures/flip chart, videos (suggestions: *Siguendo el Sol*, *The Playing Field*, and *North Carolina Pesticide Safety Education Video*.)



### **The Toilet Paper Game**

Pass around a roll of toilet paper and tell participants to take as much as they want, but don't tell them why! After everyone has taken some toilet paper, have them tear each piece at the perforations. For each square of paper, have participants share one fact about themselves.

### **Balloon Juggle and Sort**

Give each participant a balloon. Challenge participants to keep all balloons in the air. This gets the group moving and cooperating. Once they've got the hang of it, make it harder by adding in more balloons or placing restrictions (e.g., without hands or only using one finger). Next, ask participants to continue juggling balloons, but sort them via colors (this works best with large groups).



### **I Am Unique**

Ask each person to share one thing that makes him or her unique. This can be incorporated into a classroom exercise for learning names; while participants share their names, ask them to include their unique characteristic, experience, liking, or hobby.

### **Human Taco**

Write one taco ingredient on a set of notecards; each notecard will have a different ingredient on it. Stick a notecard on the back of each participant's shirt. Have each player mingle, asking yes/no questions to find out the taco ingredient on their back. Next, explain the correct order of ingredients in a human taco (tortilla, chicken, beans, cilantro, onion, salsa, and lemon juice). Then, begin the game with a start command, such as "let's eat!" Have participants work with others in the group to line-up according to correct ingredient order. Please note: this icebreaker may be used for small and large groups. If working with small groups, only 1-2 human tacos can be formed; however, if working with large groups, several "human tacos" can be formed.



### **Dividing Groups into Teams/Pairs**

During a group health education session, you may want to change the dynamic and have participants work in smaller groups or pairs. Participants working in smaller groups or pairs are more likely to become involved and actively participate in your health education session. Small groups encourage participants to know each other better, breaking the ice, and creating a more comfortable learning atmosphere. There are a variety of other reasons for considering smaller groups or pairs, including the following:

- 1) Small groups allow participants to learn from each other.
- 2) Small groups create opportunities for more people to practice skills.
- 3) Learning becomes more dynamic and active in small groups.

Instead of simply counting off, consider some of these creative suggestions for dividing a group into smaller groups or pairs. Remember to divide your group first and then provide instructions on the activity you will be doing; this avoids confusion and allows participants to focus on one activity at a time.



### **Birthday Months**

Divide a large group by their birthday months. For example, create four teams by having the January – March birthdays in one group, April – June another group, July – September, and October – December accordingly.

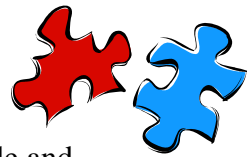


### **Secret Codes**

Place one sticker-dot on participants' name-tags or on a packaged treat. Divide participants in teams based on the color of the dots. For example, everyone with a yellow dot will form one group, red dots another group, etc. You can also make the dots with colored markers. Alternatively, you can distribute different-color markers for participants to write their names on their name tags. Or, handouts for an activity can be copied on different colors of paper.

### **Puzzle Pieces**

Find a few photos or drawings of farmworker-specific issues that relate to your health education topic. Cut them into puzzle pieces; the number of pieces will depend on the number of individuals you want in each group. Then shuffle all the pieces together and distribute one to each participant. Instruct them to find the participants that have the other pieces of their puzzle and put the puzzle together. Participants will work with this team.



Puzzles do not always have to "fit" together physically. You could write the names of people who "fit" together on index cards. For example, divide participants into pairs using these sample combinations: revolutionary figures like Emiliano Zapata and Pancho Villa, farmworker movement leaders like Dolores Huerta and Cesar Chavez, and performing artists like Vincente Fernandez and Los Tigres del Norte. You could select television characters, political figures, movie characters, or even "characters" from your organization.

### **Famous Phrases**

Consider some typical sayings that members of your farmworker community regularly use or would recognize. Write each one on a large strip of paper and then cut it in half. Shuffle all the pieces. Distribute one piece to each participant and explain that they are to find the partner that will make the phrase or saying complete. This is a fun tool for dividing groups into pairs. Have each pair share their saying with the big group. Spanish speakers, for example, could consider such examples as: "Si se puede!" or "Que viva la raza!"

### **Deck of Cards**

In order to divide your group into teams of two, three, or four, use a deck of cards (or a partial deck of cards). For example, suppose you wanted three teams with four participants in each one, select four cards from three different suits, like four kings, four queens, and four jacks. Shuffle the cards and distribute one to each participant. Ask them to find their corresponding teammates that have the same card.



### **Count Off . . . Backward**

Count off backward instead of forward! To break into five groups count off backward from five, "five, four, three, two, one, five..." Then, have all the fives meet-up, the fours, the threes, etc.

### **Go to Your Corners**

If you are providing a health education session indoors, identify reasons for people to go to separate places in the room. For example, you could have them go to four corners depending on whether they are a first born, last born, middle, or only child in their family. You can also connect the corners to content. For example, if you're providing a session on hypertension, you could have participants select the prevention strategy that they like best: exercise, maintaining a healthy weight, quitting smoking, or having a low-salt diet.

### **Low-Cost Incentives**

Low-cost incentives are an excellent tool for encouraging farmworkers to engage in health education activities. For more impact, try offering incentives that support or reinforce a key message being taught. For example, if an outreach worker implements a mental health activity demonstrating how farmworkers should deal with stress and feelings of isolation, they can provide phone cards as incentives for participating. Farmworkers will then be able to contact their loved ones and fortify supportive family relations as a coping strategy. Outreach workers and health educators can ensure that farmworkers have at least one tool available that will allow them to adapt or modify their behaviors more easily.

### **Gift Certificate Redeemable at a Grocery Store**

Gift certificates can be purchased from local grocery stores frequented by farmworkers in your area. This incentive can be given to farmworkers at the conclusion of a nutrition or diabetes prevention/treatment health education session, and will enable farmworkers to seek out healthy foods.

### **Condom**

Condoms can be given to farmworkers participating in sexual health education activities and labeled "practice safe sex" in the preferred language of farmworkers in your area. Condoms are affordable and easy to obtain. Your outreach program might consider contacting a condom company to request a donation.

### **Work Gloves**

Farmworkers wear work gloves to protect their hands while engaging in daily fieldwork, particularly during the cultivation and harvest season. Work gloves are a useful occupational health incentive to encourage farmworkers to protect their hands from pesticides, thorns, plant debris, and insect bites.



### **Reusable Water Bottles**

Water bottles are practical occupational health incentives for health education participants. Farmworkers need to stay hydrated to prevent dehydration and heat stroke, especially during excessively hot weather. Most canteens are reusable and can be utilized by farmworkers season after season. Water bottles can also be purchased in bulk via wholesale retail outlets.



## Soccer Balls, Basketballs, or Softballs

To encourage physical activity as a health practice for reducing stress and maintaining healthy weight, outreach staff can provide soccer balls, basketballs, or softballs. Sport-related incentives are fun for an entire farmworker family, and can be purchased for minimal cost at retail chains.



### Evaluation Tools

You should always take the time to evaluate your health education sessions. The purpose of evaluation tools is to assess what participants learned as a result of a health education activity. Doing a pre-test and post-test is one good way to evaluate an activity. A pre-test assesses the pre-existing knowledge of audience members about the topic at hand. Performance on a post-test that shows knowledge gained helps you measure success. The first three tools listed below follow a pre-/post-test approach. The remaining two tools are useful for reiterating key lessons from the session while allowing you to assess participants' understanding of these concepts.

### Stand-Up/Sit-Down

For this evaluation tool, proceed with the following steps:

- Develop a series of yes/no statements regarding your health education topic. Make sure that they can be easily read aloud. A sample statement could be: “I know three ways to prevent sun exposure” or “I know how many servings per day of fruits and vegetables to eat.”
- Read the statements one-by-one to the participants before the activity. If they can answer “yes” to the statement, ask that they stand; if not, they should remain seated.
- Observe or document the number of participants that stand up/remain seated for each statement.
- Upon completing the activity, repeat the steps above.
- On your own, compare the numbers of participants that stood up for each statement before and after the activity. Use this information to evaluate knowledge gained on the health topic as a result of the session.

### Spin the Bottle

This evaluation tool can be delivered before and after a health education session to see what the group learned.

- Develop a series of yes/no questions or other closed-ended questions regarding your health education topic. Make sure that they can be easily read aloud.
- Instruct participants to sit in a circle and place a bottle in the middle of the circle.
- Spin the bottle and ask a question to the person who the bottle is pointing at when it stops.
- Upon completing the activity, present the same series of questions.
- On your own, compare how well participants were able to respond to the questions; this will help you evaluate the knowledge gained on the topic as a result of your session.



### **Picture Game**

At the beginning of the health education session, give each participant a picture related to a health topic and have them describe the picture. Upon completing the session, distribute the pictures again and have them comment on a new aspect of the picture that was addressed during the session. Encourage participants to mention something that was not already discussed when the pictures were initially described the first time. Reinforce the health education activity by bringing up aspects not discussed.

### **Family Feud**

Think of four different topic-specific questions. Write each question on a large piece of paper. Write the answers on large index cards. Divide the participants into two groups. Have each group select a leader and get in a line behind the leader. Give the leader of each group a bell. A question is read and the team that rings the bell first has the first chance to guess the answers to that question. If they miss one answer, play passes to the other team.

### **Egg Hunt**

Write questions about a health topic on little strips of paper. Questions can be multiple choice, true/false, etc. Put each question with a prize into a plastic egg and hide the eggs around the activity site. Divide participants into two teams and have each team hunt for eggs. After a few minutes, gather the entire group and have participants review the questions together. Award one point for each egg found and then a point for each question answered correctly.



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## PESTICIDE EXPOSURE

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### Description

## Information Sheet



Pesticides are chemicals used to kill insects, rodents, and weeds that might harm our crops and our health. But pesticides also poison and kill other living things, including helpful plants, animals, and people. Pesticides can drift for miles from where they are applied and pollute the soil, water, and air.

In the three health education recipes that follow, we use the word *pesticides* to describe all chemicals used to control pests. They include:

- ***Insecticides*** used to kill insects.
- ***Herbicides*** used to kill weeds.
- ***Fungicides*** used to control plant diseases.
- ***Rodenticides*** used to kill rats, mice, and other rodents.<sup>1</sup>

### Risks to Farmworkers

Pesticides are a significant environmental hazard for farmworkers and their families. The Environmental Protection Agency estimates that agricultural workers suffer 10,000 to 20,000 acute pesticide poisonings each year. The U.S. Bureau of Labor Statistics has found that farmworkers experience the highest rate of chemical-related illness of any occupational group.

Children from agricultural families are particularly vulnerable to pesticides; they are exposed to higher levels of pesticides than those whose parents do not work in agriculture and do not live close to farms. Migrant farmworker children as well as children living in agricultural areas may be exposed to higher pesticide levels than other children because pesticides may be tracked into their homes or by pesticide drift. Additionally, some children are exposed to pesticides by playing or working in nearby agricultural fields. Children face particular risks from pesticides as their developmental patterns, behavior, and physiology make them more susceptible than adults.<sup>2</sup>

### Background Information

#### How Do Farmworkers Get Sick from Pesticides?

Pesticides can enter people's bodies in different ways: through the skin, eyes, mouth (by swallowing), or the air (by breathing). Each kind of poisoning needs a different kind of treatment.

Pesticide poisoning can cause many health problems. A person exposed to pesticides can have more than one sign. Some signs show up when a person is exposed. Other signs do not show up

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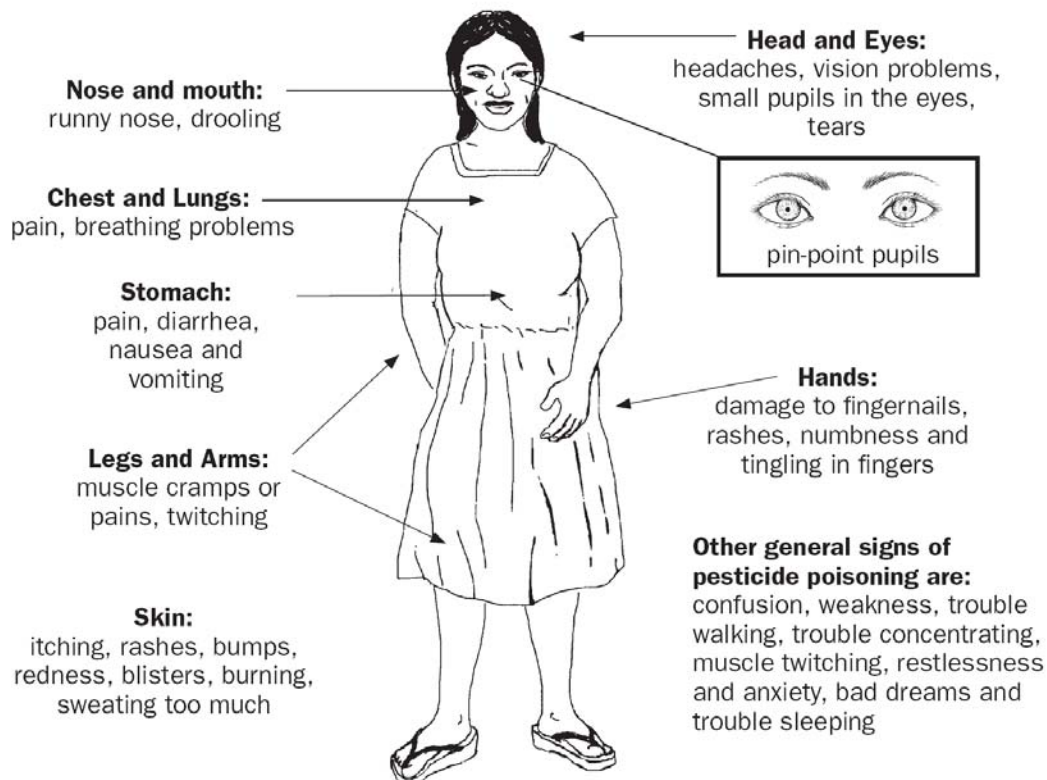
<sup>1</sup> Conant, Jeff and Pam Fadem. "Pesticides are Poison," a section of A Community Guide to Environmental Health, Hesperian Foundation, 2008, [www.hesperian.org](http://www.hesperian.org).

<sup>2</sup> Migrant Clinicians Network website. Clinical Excellence, Pesticide page: <http://www.migrantclinician.org/excellence/environmental/pesticides>



until hours, days, or even years later. **It can be difficult to diagnose pesticide problems because sometimes the signs mirror those of other common illnesses like colds or the flu.** Here are some common signs of pesticide poisoning.<sup>3</sup>

### ***Signs of pesticide poisoning***



If the farmworkers you are working with have any of these problems with pesticides, they should leave the worksite immediately and not wait until they feel worse. They should get away from the pesticides and go to the health center right away! **Make sure that farmworker participants know the importance of telling their doctor about their pesticide exposure.**

#### How to Reduce Risk from Pesticide Use:

Most farmworkers would prefer not to be exposed to pesticides. Nobody wants to endanger his/her health or the health of their family. The best way to reduce risk is to avoid working with or near pesticides, however in many cases this is unavoidable for farmworkers.

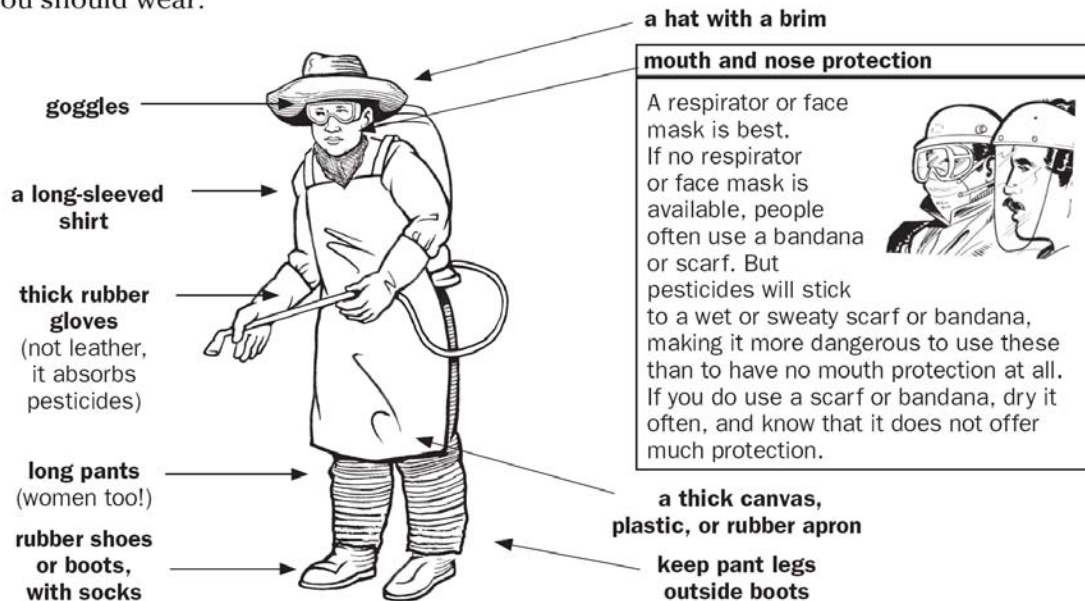
If the farmworkers you know work with pesticides, it is important for them to take precautionary measures. It is critical that farmworkers be responsible for their own well-being and the well-being of other people and the environment. Here are some things farmworkers can do to protect themselves and those around them:

<sup>3</sup>Graphic and captions are courtesy of "Pesticides are Poison," a section of [A Community Guide to Environmental Health](http://www.hesperian.org) by Jeff Conant and Pam Fadem, Hesperian Foundation, 2008, [www.hesperian.org](http://www.hesperian.org).



- Control pests without pesticides if possible.
- Do not work alone with pesticides.
- Use pesticides only on their intended crop.
- Keep pesticides in labeled containers.
- Use the smallest amount you can. More is not always better.
- Do not mix different pesticides together.
- Keep pesticides off your body.
- Keep pesticides away from water sources.
- Do not use pesticides when it is windy, raining, or about to rain.
- Make sure your clothing covers you completely.
- Make sure your equipment works properly.
- Try not to wipe your eyes, face, and neck when handling pesticides.
- Wash your hands before eating, drinking, or touching your face.
- Wash your clothes with care after working with pesticides. Separate pesticide-exposed clothing in a hamper before entering the house and before contact with children.
- Do not enter sprayed fields until it is safe to do so.
- Bathe well after using pesticides.
- Learn to read and understand pesticide labels.
- Create a first aid kit for a pesticide-related emergency. For specific details, see the following resource: “Pesticides are Poison,” a section of [A Community Guide to Environmental Health](#) by Jeff Conant and Pam Fadem, Hesperian Foundation.
- Use protective clothing and equipment.<sup>4</sup>

If you work with pesticides or enter a field soon after pesticides have been sprayed, you should wear:



<sup>4</sup>Graphic and captions are courtesy of “Pesticides are Poison,” a section of [A Community Guide to Environmental Health](#) by Jeff Conant and Pam Fadem, Hesperian Foundation, 2008, [www.hesperian.org](http://www.hesperian.org).



## Corresponding Health Education Recipes

- Body Mapping
- How Do Pesticides Enter the Body?
- Drawing Pesticide Solutions

## Glossary of Terms<sup>5</sup>

- *Active ingredient* – the ingredient in a pesticide that kills pests.
- *Acute* – when something happens suddenly, and is serious or strong. An acute illness is one that comes quickly and can be very dangerous.
- *Chronic* – something that lasts for a long time or happens often. A chronic illness is an illness that lasts for many years and is difficult to treat or cure.
- *Exposure* – the way a person comes in contact with something, in this case with pesticides.
- *Inert Ingredient* – the part of a pesticide that is not the active ingredient. Inert ingredients include chemicals that make pesticides stick to plants and bugs or prevent them from being washed off in the rain. These ingredients are often very poisonous.
- *Inputs* – anything a farmer buys to help crops grow. Pesticides and fertilizers are two examples of inputs.
- *Organic agriculture* – agriculture that does not use chemical fertilizers or pesticides. Before pesticides were invented all farming was organic farming. The word organic also refers to crops grown without chemicals.
- *Pesticides* – poisonous chemicals used to kill insects, weeds, rodents, and plant diseases.
- *Residue* – the dry powder or oily film that remains on crops after the pesticide spray dies.
- *Respirator* – a protective mask that covers the nose and mouth and keeps people from breathing poisons. Respirators have various filters for different kinds of poison. In order to work well, a respirator must have the correct filter and be cleaned often. It also must fit very snugly, so that no poisons penetrate.
- *Toxicity* – The potential of any pesticide to cause harm. Some pesticides are more toxic to humans than other pesticides. The signal words of Danger, Danger-Poison, Warning, and Caution on the pesticide label reflects the relative degree of toxicity and hazard to people and the environment. The most potentially toxic or toxic pesticides have the signal word “Danger” and, if they are highly toxic to people, will also have the word “Poison” along with a skull and crossbones symbol on the label. Pesticides that are moderately hazardous have the signal word “Warning” on their labels. Pesticides having lower risk and presenting less hazard have the signal word “Caution” on their labels. Pesticides having the least risk may have no signal word.

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<sup>5</sup> Conant, Jeff and Pam Fadem. “Pesticides are Poison,” a section of A Community Guide to Environmental Health, Hesperian Foundation, 2008, [www.hesperian.org](http://www.hesperian.org).



## **Resources**

- “Pesticides are Poison,” a section of A Community Guide to Environmental Health by Jeff Conant and Pam Fadem, Hesperian Foundation, [www.hesperian.org](http://www.hesperian.org).  
*“Pesticides are Poison” is a chapter from a guide that addresses environmental health topics such as sanitation, water quality and supply, food security and sustainable farming, mining and oil drilling, industrial pollution and forestry.*
  
- “A Little bit of Poison... Will it Kill You?” Manual for Lay Health Educators  
[http://www.migrantclinician.org/resources/poison\\_manual\\_eng.pdf](http://www.migrantclinician.org/resources/poison_manual_eng.pdf) [English]  
[http://www.migrantclinician.org/resources/veneno\\_manual\\_sp.pdf](http://www.migrantclinician.org/resources/veneno_manual_sp.pdf) [Spanish]  
*This manual is a guide for lay health educators or promotores de salud to assist them with community based pesticide education activities. The manual offers information about health risks from pesticide exposure and ways to lessen these risks. Also, it includes useful information and tips to successfully work in the community. Available in Spanish – “Poco Veneno...¿No Mata?”.*
  
- Migrant Clinicians’ Network  
[http://www.migrantclinician.org/resources\\_search?filter\\_program=84](http://www.migrantclinician.org/resources_search?filter_program=84)  
*For a comprehensive list of farmworker-specific pesticide-related resources, patient education and community tools, and organizations.*
  
- National Pesticide Information Center (NPIC)  
<http://www.npic.orst.edu> or call 1-800-858-7378  
*NPIC is a cooperative effort of Oregon State University and the U.S. Environmental Protection Agency. They address questions from individuals and organizations nationwide on a wide variety of pesticide topics, including health and safety, pesticide toxicology, and environmental effects. NPIC assists the public in over 170 different languages and has a dedicated Spanish speaker.*





## **Body Mapping**



**Acknowledgement:** Material was adapted from “Pesticides are Poison,” a section of A Community Guide to Environmental Health by Jeff Conant and Pam Fadem, Hesperian Foundation, [www.hesperian.org](http://www.hesperian.org).

**Goal:** To protect farmworkers and their families from pesticide exposure.

**Learning Objective:** At least 75% of participants will share how they have been affected by pesticides; they will also contribute to a discussion about the common dangers they face in their work.

**Time:** 30 - 45 minutes

**Materials:** Large drawing paper, pens or pencils, tacks or tape, a bottle, a set of relevant “yes/no” questions

**Target Audience:** Single farmworkers, farmworker families, and/or youth

**Audience Size:** Small or large group

### **Steps:**

→ **Step 1: Introduce the topic**

Introduce the topic of pesticide exposure. Review the definition of pesticides as explained in the first section of the Information Sheet. Explain to participants that this recipe is intended to assist in sharing experiences about how pesticides have affected them and the common situations they face in their work.

→ **Step 2: Make a large body drawing**

Make a large drawing of a person’s body. If you have sheets of paper that are as large as a person, one person can lie down on the paper while another person traces their outline. Next, tape or tack the drawing to a wall so everyone can see it. If you want, make two drawings – one for the front of the body and one for the back of the body.

*Facilitator Note: If your participants are men and women, be mindful of your group’s level of comfort with physical closeness. You may want to delegate the body drawing exercise to a team of two friends of the same gender. Or, distribute a handout with an outline of a body on it.*

→ **Step 3: Mark the effects of poison**

Use the drawings to show what parts of our bodies are affected by pesticides. Each person in the group marks an “X” on a part of the body where he or she has been affected by pesticides. If the group is small, each person can say out loud what the health effect was. For example, was it stomach pain, skin rashes, dizziness? She might also say what caused the health effect. Was it a spill, a mixing accident, drift, just normal work, or something else?



If some participants have not worked with pesticides, ask them to either share stories from other farmworkers they know or they can imagine possibilities.

If the group is large, it may be easier to designate one person from each group to present their drawing. After everyone makes their marks, the facilitator should point to each mark and ask what harmful effect the mark represents. The important thing is for people to use the drawing to illustrate their own experience with pesticides.

→ Step 4: Discuss common pesticide exposures

The outreach worker can ask questions to help people talk about pesticides. [It can be helpful for another person to take notes on a large sheet of paper that everyone can see.] The discussion may be most useful if it is limited to three main questions, such as:

- What effects have people felt from pesticides?
- What activities or kinds of exposure have caused the effects?
- What pesticides have caused the effects?

The discussion may show how many people suffer from the same problems with pesticides. The body map illustrates where people feel the harmful effects of pesticides. *Remember to reiterate that it can be difficult to diagnose pesticide problems because sometimes the signs mirror those of other common illnesses like colds or the flu.* The discussion and the notes are an effective way to record people's experiences and show what exposures are most common, in order to prevent these exposures.

**Suggested Evaluation Technique:** Consider the “Spin the Bottle” tool (see Quick & Easy Health Education Tools) with questions relevant to the Body Mapping recipe. Possible questions include:

- What health problems are related to pesticides?
- What activities or kinds of exposure can cause these effects?
- Can you name one pesticide that you believe has caused a health problem?





## How Do Pesticides Enter the Body?

**Acknowledgement:** Material was adapted from “Pesticides are Poison,” a section of A Community Guide to Environmental Health by Jeff Conant and Pam Fadem, Hesperian Foundation, [www.hesperian.org](http://www.hesperian.org).

**Goal:** To protect farmworkers and their families from pesticide exposure.

**Learning Objective:** At least 80% of participants will mention a minimum of one reason farmworkers are harmed by pesticides and one way farmworkers can protect themselves from pesticides.

**Time:** 15 – 30 minutes

**Materials:** Photocopies of the drawing (pg.9-20)

**Target Audience:** Single farmworkers, farmworker families, and/or youth

**Audience Size:** Small group

### **Steps:**

→ Step 1: Introduce the topic

Introduce the topic of pesticide exposure. Review a few points from the topic’s background section on the information sheet. Remember to emphasize with participants that it can be difficult to diagnose pesticide problems because sometimes the signs mirror those of other common illnesses like colds or the flu. Explain to participants that this activity is intended to “warm-up” the audience to discuss how people are harmed by pesticides.

→ Step 2: Share the drawing

Distribute a copy of the drawing to each participant.

→ Step 3: Facilitate a discussion

Ask participants the following questions allowing time for discussion in between each one:

- In what ways could this man be harmed by what he is doing?
- Who else may be affected by his actions?
- How could he protect himself?
- What are some reasons why he is not doing everything he can to protect himself?
- How is his situation similar to or different from what you have seen or experienced?
- Any other comments about this picture or your experiences?

While discussing each question, make sure relevant points of the Background Section from the Pesticide Exposure Information Sheet (pg. 9-11) are highlighted.



Conclude the discussion by reiterating the key observations and comments made by the participants.

**Suggested Evaluation Technique:** Consider using a minor adaptation to “The Toilet Paper Game” (see Quick & Easy Health Education Tools) for evaluating participants’ understanding of pesticide exposure issues. For each square of toilet paper, have participants mention one item they learned or discussed during the activity. For example, participants may mention ways individuals can be harmed by pesticides, ways to protect themselves from pesticides, who is affected by pesticides, or reasons why farmworkers may not protect themselves to the fullest extent possible. Keep an informal count of how many participants mention something. If participants experience difficulty stating what they learned, encourage others to assist them in remembering key points from the lesson. Due to the time needed for this recipe, this technique is recommended for small groups only.



## Drawing for Discussion: How do pesticides enter the body?





## **Drawing Pesticide Solutions**



**Acknowledgement:** Material was adapted from “Pesticides are Poison,” a section of [A Community Guide to Environmental Health](#) by Jeff Conant and Pam Fadem, Hesperian Foundation, [www.hesperian.org](http://www.hesperian.org).

**Goal:** To protect farmworkers and their families from pesticide exposure.

**Learning Objective:** At least 90% of participants will know at least one solution to a problem associated with pesticide exposure.

**Time:** 30 - 60 minutes

**Materials:** Drawing paper, markers, tape or tacks, pieces of paper with a pesticide-related problem written in large words on each one

**Target Audience:** Single farmworkers, farmworker families

**Audience Size:** Small or large group

### **Steps:**

→ Step 1: Introduce the topic

Introduce the topic of pesticide exposure. Review the topic’s background and prevention tips from the information sheet. Remember to reiterate that it can be difficult to diagnose pesticide problems because sometimes the signs mirror those of other common illnesses like colds or the flu. Explain to participants that this activity is intended to assist in sharing experiences of how pesticides affect them as well as addressing solutions for these issues.

→ Step 2: Talk about pesticide problems

Discuss common ways people in the community come in contact with pesticides.

→ Step 3: Draw pesticide problems

Each person draws a picture of one way people are exposed to pesticides. These pictures are then taped or tacked to a wall. Next, the group looks at the drawings and decides on three to five of the most common problems they see there. The group then begins to talk about what factors might contribute to these problems.

- What makes these problems so common?
- Why are they so difficult to overcome?

→ Step 4: Draw solutions to pesticide problems

In groups, people discuss possible solutions and draw pictures of their ideas. For example, if the problem is exposure from leaking backpack sprayers, short-term solutions include fixing leaks and wearing protective clothing. Long-term solutions may include buying new equipment or



changing to organic farming. A group might draw any or all of these solutions. Often, a solution will solve more than one problem. Tape or tack the solution drawings to another wall.

→ Step 5: Discuss the solutions

Talk about the different solutions people drew. Which solutions can be achieved soon? Which solutions will take longer to achieve? The drawings can be re-arranged so the most practical short-term solutions are at the top. Talk about how to achieve these solutions and work toward the longer-term solutions as well.

*\*\*If you need to conduct this activity in 30 minutes, divide the group into two teams. Assign one group to draw the pesticide problems and the others, to draw pesticide solutions. Discuss the drawings at one time; begin with the pesticide problems and then proceed to the solutions. When you notice a direct connection between a problem and solution, address it with the group. For example, if one problem-related drawing is a child exposed to pesticides while hugging his/her parent upon coming home from the field, a solution-related drawing could be for a person to wash and change their clothes (before hugging their children).*

**Suggested Evaluation Technique:** Consider a minor adaptation to the “Cabbage Game” recipe (see Quick & Easy Health Education Tools) for evaluating a participant’s understanding of pesticide exposure issues. As each person catches the cabbage, he/she peels off a layer that states a pesticide exposure problem on it; they should respond with an appropriate solution that corresponds to it. Make sure the written segment on each layer is appropriate to the literacy level of your participants or have each problem shown as a picture. Keep an informal count of how many participants were able to mention a solution. For participants having difficulty, encourage others to assist.



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## HEAT STRESS

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### Description

## Information Sheet



When the body gets very hot, it sweats to cool off and loses liquid. To stay healthy, farmworkers need to drink enough water to replace the liquid lost while sweating. If they do not drink enough water to keep cool or do not get regular breaks from the heat, they can become sick very quickly. This is called heat stress.

*Heat stress* can cause a headache, fast pulse, painful muscle cramps, and chest pain. One may also feel weak, dizzy, confused, and nauseous. These are warning signs that the farmworker is in danger of collapsing from heat stroke if they do not cool off.<sup>6</sup>

### Risks to Farmworkers

Farmworkers across the country perform strenuous labor in hot weather, putting them at heightened risk of heat-related injury or illness. Although heat stress is generally known to affect personal health and performance, its wide-ranging impacts are unknown by many. Increased knowledge and use of healthy workplace practices are necessary to prevent heat-related injuries.

### Background Information

#### Understanding Heat Stress

- Heat can be a source of injury.
- Heat stress occurs when the body generates more heat than it releases. It can also occur when the body temperature elevates due to extremely hot temperatures.
- Symptoms of heat stress may include: fatigue, loss of coordination and concentration, irritability, muscle pain/cramping, blurry vision, headache, dizziness, nausea, and unconsciousness.
- If farmworkers experience heat stress symptoms, they should tell their supervisor as soon as possible, immediately seek shade, rest, and drink fluids like water or a low-sugar sports drink with electrolytes.

#### Grower Responsibilities

- Provide frequent rest breaks for workers.
- Provide plenty of drinking water (about a quart an hour per worker).
- Provide shade, such as awnings or canopies.
- Learn to spot the signs of heat stroke, which can be fatal.
- Consider a worker's physical condition when assigning work in extreme heat; obesity, pregnancy, age, poor health, and lack of rest can make someone especially prone to heat stress.

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<sup>6</sup> "Heat & Cold," a section of A Factory Worker's Guide to Organizing for Safe Jobs and Healthy Communities, Hesperian Foundation, 2008, [www.hesperian.org](http://www.hesperian.org).



- Schedule work during the morning and late afternoon hours when possible during extreme heat and humidity.
- Have trained personnel available to provide first aid at the initial sign of heat illness.

### Prevention Tips for Farmworkers

- Drink plenty of water! Even when you're not thirsty. Remember to constantly replenish your body with water as you sweat.
- Don't drink liquids containing alcohol, caffeine, or large amounts of sugar.
- Wear sun-protective clothing like a wide-rim hat and long sleeves.
- Use sunscreen! Reapply when necessary!
- Rest in the shade or a cool place.
- Work at a steady pace; don't overexert yourself.
- Know the signs of heat stress and get immediate medical attention if you're feeling affected by the heat. Make sure your doctor that your symptoms are work related.

### Corresponding Health Education Recipes

- Help a Friend!
- Heat Safety Cards

### Glossary of Terms & First Aid<sup>7</sup>

- *Heat rash* - Severe skin swelling and clogging of sweat ducts. It is regarded as the least severe symptom of heat illnesses. Though it usually causes only temporary discomfort, it can lead to a bacterial infection that shuts down the function of sweat glands.  
*Advice:* Cleanse the affected area thoroughly and dry completely. Calamine, aloe vera, savila or another soothing lotion may relieve discomfort. Savila is used a lot in the Mexican community for burns and rashes.
- *Heat syncope* - Loss of consciousness, generally sudden, due to lack of sufficient blood and oxygen to the brain. Greatest danger is secondary injury from a fall. It is most likely to affect people not yet acclimatized to work in hot environments. Heat stress can cause it by diverting blood to extremities or the lower body at the expense of the brain.  
*Advice:* Rest, ventilate, and drink plenty of water or electrolyte fluids.
- *Heat cramps* - Heavy sweating, thirst, and painful, involuntary muscle contractions -- most commonly in calves, thighs, arms and abdomen. Often extremely uncomfortable and can be completely disabling. Typically occur during or after hard work and are induced by electrolyte deficiencies that result from extended periods of intense sweating.  
*Advice:* Rest and drink plenty of water or electrolyte fluids.
- *Heat exhaustion* - Symptoms include fatigue, headache, dizziness, muscle weakness, nausea and chills, tingling of hands or feet, confusion, loss of coordination, fainting, and collapse. Occurs during work and results from dehydration, lack of acclimatization, reduction of blood in circulation, strain on circulatory system and reduced flow of blood to the brain.

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<sup>7</sup> University of California, Agriculture and Natural Resources, News and Information Outreach, "UC gives tips for coping with heat stress," <http://news.ucanr.org/newsstorymain.cfm?story=691>.



*Advice:* Rest in the shade or a cool place. Drink plenty of water (preferred) or electrolyte fluids.

- *Heat stroke* - The most extreme consequence of heat stress, a medical emergency that can occur suddenly if heat exhaustion is not treated. Skin is hot and dry, body is typically hotter than 104 degrees and no longer able to cool itself, and mind is confused, delirious or convulsive. Brain damage and death may result.

*Advice:* Immediately move to coolest place available, loosen clothing, continuously fan and douse or spray the body with a cool liquid, begin to replenish body fluids by drinking, and summon or rush to aid. Get medical attention or/and transport to a medical facility as soon as possible.

## **Resources**

- Center for Disease Control and Prevention, “Extreme Heat: A Prevention Guide to Promote Your Personal Health and Safety”  
[http://www.bt.cdc.gov/disasters/extremeheat/heat\\_guide.asp](http://www.bt.cdc.gov/disasters/extremeheat/heat_guide.asp)  
*This site provides practical information about heat stress and heat illness and clearly explains ways of preventing it. Information provided is not specific to farmworkers.*
- University of California, Agricultural Personnel Management Program,  
[http://www.osha.gov/dts/osta/otm/otm\\_iii/otm\\_iii\\_4.html#2](http://www.osha.gov/dts/osta/otm/otm_iii/otm_iii_4.html#2)  
*This site has a list of brief articles and training aids, government references, presentation slides, and helpful tools that apply to the topic of heat stress.*
- U.S. Department of Labor, “OSHA Technical Manual”  
[http://www.osha.gov/dts/osta/otm/otm\\_iii/otm\\_iii\\_4.html#2](http://www.osha.gov/dts/osta/otm/otm_iii/otm_iii_4.html#2)  
*Occupational Health & Safety Administration (OSHA) Technical Manual provides specific governmental guidelines on heat stress and other occupational health issues.*





## **Help a Friend!**



**Acknowledgement:** Recipe first appeared in HOP's OutReach newsletter, "Health Education Recipe from HOP's *Magic Trunk!*" by Judy Cervantes-Connell, Spring 2008.

**Goal:** To prevent heat stress among farmworkers.

**Learning Objective:** At least 80% of the participants will be able to: 1) identify two symptoms of heat stress; and 2) understand how to prevent it.

**Time:** 25 minutes

**Materials:** Flip chart paper, markers, large duffle bag containing the following: sun hat, sunscreen, water jug, empty bottle of a sports drink, sunglasses, and long sleeve cotton shirt

**Target Audience:** Farmworkers of all ages, especially those who work in fields

**Audience Size:** Small or large group

### **Steps:**

→ **Step 1: Introduce the topic**

Introduce the topic of heat stress; review the topic's background and prevention tips from the information sheet.

→ **Step 2: Discuss heat stress prevention techniques**

Ask participants to share practices they typically use to prevent heat stress. Then take an item out of the bag of props one at a time, explaining how each helps prevent heat stress.

→ **Step 3: Work in small groups**

- Explain to participants that now they will work in small groups on a special activity.
- Divide the group into two groups using one of the techniques from the Quick & Easy Health Education Tools section, "Dividing Groups into Teams/Pairs." Distribute markers and a large pieces of flip chart paper with stick figure image drawn on it to each group.
- *Read the following:* A very good friend has recently arrived in your area to work in the fields harvesting tomatoes. The temperature in your area is known to exceed 110 degrees during the tomato harvesting season. Your friend is new to the United States and has never worked in the fields or in very hot weather. As a group, you will have five minutes to prepare your friend for working in intense heat. Use your marker to draw and/or write items that will help them prevent heat stress.

→ **Step 4: Discuss the group work**

Reconvene the group. Ask each group to present their image. Then discuss how they prepared their friend for working in hot weather.



→ Step 5: Answer questions

Answer any questions participants may have and reinforce prevention tips. Emphasize that in cases of heat stress, they be sure to mention to the doctor that the condition is work-related.

**Suggested Evaluation Technique:** Consider the “Stand-up, Sit-down” tool (see Quick & Easy Health Education Tools) with statements relevant to heat stress facts and prevention tips.

Possible statements include:

- I know why heat stress occurs.
- I can mention three symptoms of heat stress.
- I know what I should do when someone starts to experience heat stress.
- I can mention three methods for protecting myself from the sun.





## **Heat Safety Cards**

# *Health Education Recipe*



**Acknowledgement:** This recipe and the attached card were adapted from Howard Rosenberg, a Cooperative Extension Specialist in Agricultural Labor Management, Department of Agricultural and Resource Economics, University of California at Berkeley.

**Goal:** To prevent heat stress among farmworkers.

**Learning Objective:** At least 80% of the participants will be able to: 1) identify two symptoms of heat stress; and, 2) understand how to prevent it.

**Time:** 30 minutes

**Materials:** Bilingual heat safety cards

**Target Audience:** Farmworkers of all ages, with some literacy skills.

**Audience Size:** Small or large group

### **Steps:**

#### → Step 1: Introduce the topic

Introduce the topic of heat stress by reviewing the definition on the Heat Stress Information Sheet. Mention that heat can be a source of injury.

#### → Step 2: Facilitate an open discussion

Learn about farmworkers' experiences with heat stress. Ask the group such questions as the following:

- What do you do when your body heats up while working in the fields?
- Have you ever experienced a difficult situation due to heat stress? What happened? How did you address it? If a medical provider was involved, did you mention that the condition was work related?
- Why do you think heat stress is dangerous to farmworkers?

#### → Step 3: Distribute heat safety cards and discuss the four sections

Distribute the heat safety cards, highlighting points from each of the four sections:

- 1) Heat Can Harm You
- 2) Reducing Heat Build-Up
- 3) Sweating Releases Heat
- 4) Responding to Symptoms

Invite farmworkers to comment on the different sections; if you know the group well and are sure of their ability to read, ask volunteers to read short segments.

*If you have a large group, consider this alternative: Split the group into four small teams using a tool from "Dividing Groups into Teams/Pairs," Quick & Easy Health Education Tools*



section). Then assign each small team one of the four panels from the health safety cards. Have everyone review and discuss the content for a few minutes. Explain that each group is to present 2-3 key points from their panel to the rest of the group. When it is time to present to the large group, encourage participants to share an example of how some of these heat-related situations can occur in real life.

→ Step 4: Answer questions

Answer any questions participants may have and reinforce prevention tips. Invite participants to comment on how these points relate to their daily lives.

→ Step 5: Conclude the activity

Thank participants for their time and participation.

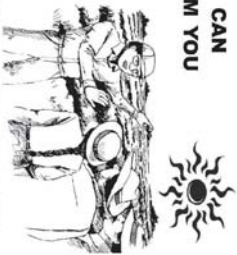




**Suggested Evaluation Technique:** Consider the “Spin the Bottle” tool (see Quick & Easy Health Education Tools section) with questions relevant to heat stress facts and prevention tips.

Possible statements include:

- True or False: The faster you work, the quicker you produce body heat. [TRUE]
- True or False: Heat stress is immediately noticeable. [FALSE]
- I can mention three methods for protecting myself from the sun.
- What can you do if you or a fellow co-worker is suffering from heat stress?



# Handout: Heat Safety Cards

<p><b>HEAT CAN HARM YOU</b></p>  <p>When working, your body produces heat that can make you uncomfortable and unsafe. You normally release heat fastest by sweating, but sometimes not enough. Keeping extra heat inside and losing water as sweat are both dangerous.</p> <ul style="list-style-type: none"> <li>• The harder you work, the faster you build body heat.</li> <li>• Releasing heat is slower when the air is hot, humid, or still.</li> <li>• "Heat stress" often affects people before they notice it.</li> </ul>	<p><b>REDUCING HEAT BUILD-UP</b></p> <p>You can lessen heat stress by cutting the amount of heat you create yourself or absorb from the sun and other sources.</p> <ul style="list-style-type: none"> <li>• Resting or working slower allows your body to release heat while not making much more.</li> <li>• Taking breaks and working in the shade, if possible, keeps sun rays from making you even hotter.</li> <li>• Blocking rays with a hat, clothing, or other cover also reduces the heat you absorb.</li> </ul>  <p><i>Produced by California agricultural associations and the UC Division of Agriculture and Natural Resources, with support from the USDA Western Center for Risk Management Education.</i></p>
<p><b>EL CALOR PUEDE HACERLE DAÑO</b></p>  <p>A trabajar, el cuerpo produce calor, haciendo que usted se sienta incómodo e inseguro. Normalmente, el cuerpo se deshace rápidamente del calor al sudar, pero a veces, no pierde suficiente calor. Es peligroso cuando el cuerpo retiene calor y pierde agua al sudar.</p> <ul style="list-style-type: none"> <li>• Entre más rápido trabaje, más se acelera el cuerpo.</li> <li>• El cuerpo pierde calor más lentamente cuando hace calor, hay humedad o no hay viento.</li> <li>• El estrés por el calor a menudo afecta a las personas antes de que se den cuenta.</li> </ul>	<p><b>REDUZCA LA ACUMULACIÓN DE CALOR</b></p> <p>Usted puede disminuir el estrés por el calor al reducir la cantidad de calor que usted produce o absorbe del sol o de otras fuentes.</p> <ul style="list-style-type: none"> <li>• Descansar o trabajar más lento permite que el cuerpo se deshaga del calor, sin producir mucho más.</li> <li>• Tomar descansos y trabajar en la sombra, si puede, evita que los rayos solares lo aceleren más.</li> <li>• Protégase con un sombrero, ropa u otra protección también reduce el calor que su cuerpo absorbe.</li> </ul>  <p><i>Producido por asociaciones agrícolas de California y la Universidad de California DAIR, con la ayuda del Centro Occidental de Educación sobre el Manejo de Riesgos del USDA.</i></p>
<p><b>SWEATING RELEASES HEAT</b></p> <p>You get rid of heat fast by sweating. Sweat uses water from the bloodstream, which not only helps cooling but also carries vital nutrients and oxygen through your body. Drinking is important to maintain a safe fluid level.</p> <ul style="list-style-type: none"> <li>• You may need to drink one quart or more per hour to replace sweat lost when working hard on a hot day.</li> <li>• Taking small amounts of fluid frequently is better than larger drinks less often.</li> <li>• Bodies adjust to work in hot weather by sweating faster after a few days, so take it slowly while you "acclimatize."</li> <li>• Drinks with alcohol and caffeine do not help control heat because they cause water loss without sweating.</li> </ul> 	<p><b>RESPONDING TO SYMPTOMS</b></p> <p>Early signs of too much heat or too little blood include loss of strength, stamina, and concentration. They may advance to cramps, nausea, headache, fainting, and even stroke -- a medical emergency.</p> <ul style="list-style-type: none"> <li>• Symptoms get worse if their cause remains, and heat stroke puts life at risk.</li> <li>• If you feel signs of "heat illness" or notice them in someone else, please help in cooling and notify your supervisor or get other assistance.</li> <li>• Your good judgment and our company plan can keep heat stress from hurting everyone here.</li> </ul> 
<p><b>SUDAR SACA EL CALOR DEL CUERPO</b></p> <p>El cuerpo se deshace rápidamente del calor sudando. El sudor usa agua de la sangre no sólo para ayudar a enfriar, sino también para llevar nutrientes vitales y oxígeno a todo el cuerpo. Es importante beber líquidos para mantener un nivel adecuado de fluidos.</p> <ul style="list-style-type: none"> <li>• Cuando trabaja mucho en un día caluroso, quizás necesite beber un cuarto de galón o más por hora para reemplazar el sudor perdido.</li> <li>• Es mejor beber pequeñas cantidades a menudo que beber bastante líquido con menos frecuencia.</li> <li>• El cuerpo se acostumbra a trabajar en climas calurosos sudando más rápidamente después de unos días, así que trabaje con calma mientras su cuerpo se acostumbra al calor.</li> <li>• Las bebidas que contienen cafeína o alcohol no ayudan a controlar el calor porque hacen que usted pierda agua, sin sudar.</li> </ul> 	<p><b>QUÉ HACER CUANDO HAY SÍNTOMAS</b></p> <p>Las primeras señales de exceso de calor incluyen: pérdida de fuerza, energía y concentración. Luego, los síntomas pueden llegar a ser: calambres, náusea, dolor de cabeza, desmayo y hasta un derrame cerebral (embolia) — una emergencia médica.</p> <ul style="list-style-type: none"> <li>• Los síntomas empeoran si la situación no cambia, la insolación pone la vida en peligro.</li> <li>• Si usted o alguien más tiene indicaciones de estrés por el calor, trate de refrescarse o enfriar a la persona, informe a su supervisor o consiga ayuda.</li> <li>• Su sentido común y el plan de nuestra compañía pueden ayudar a prevenir que alguien resulte afectado por el estrés por el calor.</li> </ul> 



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## DIABETES & OBESITY

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### Information Sheet



*Unlike other sections, with one Information Sheet only, this section includes one on the topic of diabetes and another on obesity. These topics relate to each other and as such, the Health Education Recipes included in this section address them both.*



## DIABETES

### Description

When healthy, the body breaks down sugar during the digestion process and produces a “fuel” for the cells in the body called glucose. The pancreas, a vital organ, makes a hormone called insulin, which functions like a key to “unlock cell doors” and allow glucose to enter the cells throughout the body. When someone has diabetes, insulin does not function properly and blood sugar levels can become dangerously high because glucose is not properly entering the cells of the body. Over time, these high glucose levels can lead to heart disease, kidney damage, amputations, tooth decay, nerve damage, and blindness.<sup>8</sup>

### Risks to Farmworkers

Most farmworkers in the United States are largely of Latino descent, putting them at higher risk for diabetes than the general population. In addition, migrant and seasonal farmworkers are a historically disadvantaged population, lacking access to health insurance as well as confronting other barriers in the U.S. health system like language and cultural differences, lack of knowledge about how to obtain services, the presumed high cost of care, and sometimes fear resulting from their documentation status. Due to these realities, it is common for many farmworkers to be very hesitant to seek health care for preventative diabetes services (especially during work hours, for fear of losing their jobs). Diabetes has few noticeable symptoms at first, but managing the disease becomes more difficult over time if left untreated. More and more outreach workers have begun providing farmworkers with diabetes health screenings. This has proven to be a very important step in both preventing and managing this disease.

### Background Information

The two most common types of diabetes are type-1 diabetes and type-2 diabetes. Of these conditions, type-2 diabetes is much more common, accounting for approximately 90-95% of all diabetes cases in the United States. It’s important to understand the risks, as well as prevention steps for diabetes. Although it is a very serious disease, people with diabetes are able to live long, healthy, and productive lives.<sup>9</sup>

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<sup>8</sup> American Diabetes Association, Retrieved February 28, 2008, from:  
<http://www.diabetes.org/about-diabetes.jsp>

<sup>9</sup> WebMD, Diabetes Health Center, Retrieved February 28, 2008, from:



### Primary Health Risks for Type-2 Diabetes Include:

- Obesity and overweight (excess weight)
- Race and ethnicity
- Unhealthy eating habits
- Smoking tobacco
- Physical inactivity and sedentary lifestyle
- Increasing age
- High glucose levels (pre-diabetes)
- Family history of diabetes and genetics
- High blood pressure and high cholesterol
- Previous history of gestational diabetes
- Sleep apnea
- Inadequate sleep on a regular basis

### Diabetes Prevention Tips:

- Eat a healthy diet! This means eating more fruits and vegetables, whole grains, reduced-fat dairy products, fish and lean cuts of meat. This also means drinking more water.
- Reduce or eliminate the amount of sugar and processed foods consumed. Eat fruit for dessert and only have sweets on special occasions.
- Limit the amount of food you put on your plate at meal times. Exercise portion control. Don't go back for seconds.
- Increase your level of physical activity and exercise. If possible, exercise for at least 30 minutes a day. For example, take a brisk walk.
- Incorporate smaller activities into your daily life that promote physical activity, such as walking instead of driving, using the stairs instead of the elevator or escalator.
- Quit smoking cigarettes. This will help prevent diabetes as well as a host of other serious health complications such as heart disease and lung cancer.
- Discover techniques to reduce stress and promote relaxation, such as deep breathing, listening to music, or leisurely walks.<sup>10</sup>

### Corresponding Health Education Recipes

- Healthy Portions
- Lower the Trans Fat!
- Physical Activity Paper Ball Game

### Glossary of Terms

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<http://diabetes.webmd.com/diabetes>

<sup>10</sup> American Diabetes Association, Retrieved February 28, from:

<http://www.diabetes.org/diabetes-prevention.jsp>



- *Glucose* - Sugar in the blood that fuels the body with energy. When glucose levels become too high, the risk of diabetes increases.
- *Insulin* – The hormone produced by the pancreas. It naturally helps glucose enter into the body’s cells.
- *Type-1 Diabetes* – This form of diabetes occurs when the body does not produce insulin; persons with type-1 diabetes require external insulin. According to the American Diabetes Association, about 5-10% of the patients diagnosed with diabetes in the United States have type-1 diabetes.
- *Type-2 Diabetes* – This is the most common form of diabetes, affecting between 90-95% of Americans diagnosed with diabetes. This diabetes occurs when the body does not make enough insulin and has trouble using the insulin it does make. Ethnic groups such as Latinos, African-Americans, and Pacific Islanders have a higher risk of developing type-2 diabetes.<sup>11</sup>

## **Resources**

- Centers for Disease Control and Prevention, “The Power to Prevent and Control Diabetes is in Our Hands,”  
<http://www.cdc.gov/diabetes/>  
*This site contains all the general information about diabetes, and is administered by the National Center for Chronic Disease Prevention and Health Promotion.*
- American Diabetes Association,  
<http://www.diabetes.org>  
*This site provides a wealth of information about all types of diabetes, including prevention strategies, nutrition and healthy recipes, exercise regimes, support networks, and more. The site also has specific web pages with Spanish-language content.*
- National Institute of Diabetes and Digestive and Kidney Disease of the National Institute of Health: National Diabetes Information Clearinghouse (NDIC),  
<http://diabetes.niddk.nih.gov/>  
*Maintained by the U.S. Department of Health and Human Services, this site includes information on national campaigns to lower diabetes rates, as well as a section of Spanish-language educational material.*

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<sup>11</sup> American Diabetes Association, retrieved February 28, 2008, from: <http://www.diabetes.org/about-diabetes.jsp>





## OBESITY

### Description

Obesity is the result of having too much body fat. Some people may have genes that make them more susceptible to becoming obese, while others simply eat more calories than they burn off; alternatively, it may be a combination of both genetics and behavior choices. Having excess weight can lead to severe health issues, such as heart disease, high blood pressure, type-2 diabetes, stroke, hypertension, and more. It is recommended to gradually alter eating habits and make time for cardiovascular exercise in order to reach a healthy weight that is right for body height.

### Risks to Farmworkers

Farmworkers are susceptible to obesity due to cultural and economic factors, such as diet and low wages. Farmworkers may not have much “free time” needed to plan and prepare healthy meals, let alone carve out the 30 minutes needed each day for cardiovascular exercise in a stress-free, non-work setting. Additionally, many farmworkers experience food insecurity and must opt for less expensive foods, such as fast food and overly processed foods, which tend to be higher in unhealthy fats. However, it is important to emphasize to farmworkers that they have options and can make healthy choices about their level of activity and what foods they put into their bodies, which can ultimately affect their long-term health and wellbeing.

### Background Information

#### Understanding Obesity

- According to data from the National Health and Nutrition Examination Survey (NHANES) 2001-2004, about one third of all Americans are obese.<sup>12</sup>
- Approximately 127 million adults in the U.S. are overweight, 60 million are obese, and 9 million are severely obese.<sup>13</sup>
- Obesity occurs when someone repeatedly takes in more calories than they are able to burn off. Body weight will continue to increase if some habits are not changed.
- There is no quick remedy for obesity; to lose weight in a healthy way will require time and effort.

#### Obesity Risks Include:

- Premature death
- Heart disease, including heart attacks and congestive heart failure
- Type-2 diabetes
- Cancer (colon, prostate, gall bladder, kidney)

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<sup>12</sup> NIDDK, Statistics related to Obesity and Overweight, Retrieved February 28, 2008, from: <http://www.niddk.nih.gov/health/nutrit/pubs/statobes.htm>

<sup>13</sup> American Obesity Association, Retrieved February 28, 2008, from: [http://obesity1.temppdomainname.com/subs/fastfacts/obesity\\_US.shtml](http://obesity1.temppdomainname.com/subs/fastfacts/obesity_US.shtml)



- Arthritis
- Low self-esteem and depression<sup>14</sup>

### Obesity Prevention Tips

- Reduce the fats in your diet; eliminate trans fats
- Eat at least five to nine servings of fruit and vegetables per day (a serving size is the size of your fist)
- Exercise at least 30 minutes per day (run, walk, bike, swim, lift weights, etc.)
- Eat appropriate portion sizes
- Consume reduced-fat dairy products
- Avoid “fast food” and junk food
- Add whole grains, beans, fish, and lean cuts of meat to your diet
- Focus on modeling healthy eating habits with your children
- Decrease the amount of sedentary activities that either you or your children do (i.e. watching television, playing video games, sitting in front of the computer, etc.)
- Do not eat in front of the television; it is too easy to overeat by not paying attention to what you’re eating and how full you’re feeling.<sup>15</sup>

*For additional information on appropriate food serving requirements for adults, please see handout titled “Appropriate Food Servings for Adults,” included in the Healthy Portions recipe.*

### **Corresponding Health Education Recipes**

- Healthy Portions
- Lower the Trans Fat!
- Physical Activity Paper Ball Game

### **Glossary of Terms**

- *Body Mass Index (BMI)* – This is a number calculated from a person’s weight and height. BMI is a reliable indicator of body fat percentage in people.
- *Calorie* – This is a unit of energy usually associated with food. The more calories you consume the more energy you’ll have to use to burn those calories. If someone takes in more calories than they use, then their weight will increase.
- *Food insecurity* – Exists when people are undernourished as a result of the physical unavailability of food, their lack of social or economic access to adequate food, and/or inadequate food utilization.<sup>16</sup>
- *Overweight* – Means that a person has more body fat than is generally considered healthy for a given height. Based on medical definitions, an adult who has a BMI between 25 and

<sup>14</sup> American Obesity Association, Retrieved February 28, 2008, from:

[http://obesity1.temppdomainname.com/subs/fastfacts/Health\\_Effects.shtml](http://obesity1.temppdomainname.com/subs/fastfacts/Health_Effects.shtml)

<sup>15</sup> Center for Disease Control and Prevention, Retrieved February 28, from:

<http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/obesity.htm>

<sup>16</sup> The Food Research and Action Center, Retrieved February 29, 2008, from:

[http://www.frac.org/html/hunger\\_in\\_the\\_us/hunger\\_index.html](http://www.frac.org/html/hunger_in_the_us/hunger_index.html)



29.9 is considered overweight. A person who has approximately 20 pounds of excess weight is considered overweight.<sup>17</sup>

- *Obesity* – Means that a person has more body fat than is generally considered healthy for a given height. Based on medical definitions, an adult who has a BMI of 30 or higher is considered obese. A person who has approximately 30 pounds or more of excess weight is considered obese.<sup>18</sup>
- *Trans fat* – Also known as partially-hydrogenated oils, have been found to increase the risk of coronary heart disease by raising levels of “bad” cholesterol (LDL) and decreasing levels of “good” cholesterol (HDL). Trans fats are commonly found in fried food, fast food, and other processed or junk food.

## **Resources**

- World Health Organization: Obesity and Overweight  
<http://www.who.int/dietphysicalactivity/publications/fact/obesity/en/>  
*This site contains information as part of WHO’s Global Strategy on Diet, Physical Activity and Health. It is a great resource for learning about why the obesity epidemic is on the rise and proven methods for combating it.*
- American Obesity Association  
<http://obesity1.tempdomainname.com>  
*This site provides a synopsis of the AOA, an organization “formed to address obesity as a public health concern and to remove the barriers to effective treatment through vigorous advocacy and education.”*
- Obesity in America, “The Obesity Crisis: What is it All About?”  
<http://www.obesityinamerica.org/>  
*This site is provided as a service from The Endocrine Society and The Hormone Foundation. It includes a comprehensive guide to updated facts, causes, research, and success stories.*
- Fit Kids Club  
[http://www.fit-kids-club.com/childhood\\_obesity\\_facts.html](http://www.fit-kids-club.com/childhood_obesity_facts.html)  
*This site focuses on obesity in children and teenagers. It is an excellent resource for parents and teachers to learn about exercise tips, educational games, proper nutrition, and more in order to raise healthy children.*

## **Food Security Resources**

- America’s Second Harvest Food Bank  
<http://www.secondharvest.org/>  
*The Nation’s Food Bank Network is the nation’s largest charitable hunger-relief organization; it has a network of more than 200 member food banks and food-rescue*

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<sup>17</sup> American Diabetes Association, Retrieved February 28, 2008, from: <http://www.diabetes.org/about-diabetes.jsp>

<sup>18</sup> American Diabetes Association, Retrieved February 28, 2008, from: <http://www.diabetes.org/about-diabetes.jsp>



*organizations that serve all 50 states, the District of Columbia, and Puerto Rico. This website contains a directory for locating food banks in all 50 states and provides up-to-date hunger statistics, as well as information on donations and volunteer opportunities at local food bank chapters.*

- **Food Stamp Program**

<http://www.fns.usda.gov/fsp/>

*The Food Stamp Program helps low-income people and families buy the food they need for good health. This website provides: information regarding eligibility requirements, information on how to apply for the program, a hotline, and other pertinent information.*

- **The Women, Infants, and Children's Program (WIC)**

<http://www.fns.usda.gov/wic/>

*WIC provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. This website provides information regarding how to apply for the program, State WIC agencies, nutrition education resources, information on breastfeeding promotion, and other pertinent information.*





## Healthy Portions

**Acknowledgement:** Jacqueline Thompson, M.S., R.D., C.D.E, of the *Diabetes Health Center* in Watsonville, California and *Healthy Advantage* in Marina, California.

**Goal:** To improve diabetes prevention and management in the farmworker population.

**Learning Objective:** By the end of this activity, 70% of participants will increase their understanding of the concept of portion control during mealtimes.

**Time:** 30 minutes

**Materials:** A piece of large flip chart paper with a drawing of a dinner plate. The dinner plate should have drawings of non-starchy vegetables on  $\frac{1}{2}$  the plate, and lean protein on  $\frac{1}{4}$  of the plate; the last  $\frac{1}{4}$  of the plate should consist of one of the following: whole grains, fruit, or starchy vegetables.

Other materials include: *Appropriate Food Servings for Adults* handout (included at the end of this recipe); blank paper; colored pencils/crayons/markers; pictures of various non-starchy and starchy vegetables, lean proteins, whole grain carbohydrates, and fruit (from magazines, newspapers, photos, etc).

**Target Audience:** Adult farmworkers

**Audience Size:** Up to 8 farmworkers

### **Steps:**

#### → Step 1: Introduction

Inform participants that they will learn about the benefits of healthy portion sizes during mealtimes and how to make balanced meals.

#### → Step 2: Discussion

Ask the participants to pair up with someone and discuss a time when they put a lot of food on their plate (i.e. at a special gathering, a party, a buffet-style restaurant, etc.). After a couple of minutes, regroup and ask participants if they would like to share with the larger group.

Explain that a lot of us don't pay much attention to serving size (for example, we justify the extra two tacos because we work hard every day). However, these excess calories have a way of harming our health. Eating too much food on a regular basis can lead to excess weight, as well as other health complications such as diabetes, heart disease, high blood pressure, high cholesterol and sleep apnea. If you have diabetes, you need to be extra careful about both the type and amount of food you eat.

During this session, participants will learn an easy method to use in order to promote portion control.



→ Step 3: Introduce the Plate Model for Proper Portion Sizes

Draw attention to your dinner plate illustration on the flip chart paper. Begin by stating that this is an example of a well-balanced, nutritional meal for one adult. Then proceed to highlight each of the items on the dinner plate. Half of every meal should include non-starchy vegetables such as *ensalada de nopal*, *ensalada de jitomate y pepino* or *repollo picadillo*. Then move on to the lean protein, such as skinless chicken breast with *mole*, *camerones al mojo de ajo*, or *huevos con chile*. And finally, talk about the importance of eating healthy whole grains, such as brown rice or whole wheat tortillas. Whole grains can be substituted with starchy vegetables such as corn, potatoes, or yams.

*Note: The meal examples can be modified if your audience is comprised of non-Mexican farmworkers. In other words, be aware of audience's culture, and choose culturally - appropriate foods to highlight on the illustrated dinner plate.*

Distribute *Appropriate Food Servings for Adults* handout. Explain to participants that while the plate is a good model for determining proper portion sizes, they should also reference this handout to learn about the correct average daily food requirements for an adult.

→ Step 4: Create Your Own Plate Activity

Now it's time for the participants to create their own dinner plate with the materials you've provided. Reinforce the importance of portion control while you distribute paper and colored pencils to everyone.

Allot approximately five minutes for everyone in the group to draw their dinner plate or use picture cutouts to create their dinner plate. Try to foster an open environment where everyone can share their ideas and questions; the possibilities for the illustrated dinner plate are nearly limitless. Should questions arise about culturally-specific foods which may include mixed ingredients (i.e. enchiladas), be prepared to look at individual ingredients within these mixed dishes.

If time permits, have everyone share their illustrations with the group. If you're running short on time, choose one or two of the drawings to share with your participants to reinforce proper portion control during mealtimes.

After everyone has shared their illustrations, provide one last bit of nutrition advice: encourage participants to avoid the excess calories of sugary drinks at mealtime, such as soda, sports drinks or sugary juice-type drinks. Instead, promote water and reduced fat milk as alternative healthy drinks.

→ Step 5: Conclusion

Before concluding the session, encourage the participants once again to be mindful of portion sizes to avoid overeating at mealtimes (as well as snack times). Portion control is an easy technique to understand and master so that people lead a healthy lifestyle. Ask the group if any questions remain before the session is over. If no more questions remain, thank everyone for their time and attention.



**Suggested Evaluation Technique:** The health outreach worker can implement the Spin the Bottle evaluation tool (pg. 9-9) at the beginning and end of the health education session. The results of the activity can be compared to evaluate whether participants gained knowledge about the lesson topic. Use the following statements for this evaluation activity:

- Eating large amounts of food on a regular basis is good for you.
- $\frac{1}{2}$  of your dinner plate should consist of non-starchy vegetables.
- $\frac{1}{4}$  of your plate should consist of a lean protein.
- $\frac{1}{4}$  of your plate should consist of whole grains or fruit or starchy vegetables.
- Eating large portions can harm your long-term health and lead to excess weight, diabetes, heart disease, high blood pressure, and high cholesterol.



## Handout: Appropriate Food Serving Sizes for Adults

Food Group	Amount Per Day	Options for 1 Serving
<b>Breads, Grains, and Cereals</b>	6-8 of the choices listed under “options.”	<ul style="list-style-type: none"> <li>▪ Bread, tortilla, roll, pancake – 1</li> <li>▪ Bagel, English muffin – ½</li> <li>▪ Dry Cereal – 1 cup</li> <li>▪ Noodles, rice, cooked cereal – ½ cup</li> <li>▪ Crackers - 4</li> </ul>
<b>Vegetables</b>	3 cups	<ul style="list-style-type: none"> <li>▪ Cooked vegetables – ½ cup</li> <li>▪ Raw vegetables – 1 cup</li> </ul>
<b>Fruits</b>	3 cups	<ul style="list-style-type: none"> <li>▪ Fresh fruit – 1 cup</li> <li>▪ Canned or frozen fruit – 1 cup</li> <li>▪ Unsweetened 100% Juice – ¾ cup</li> </ul>
<b>Milk Products</b>	3 of the choices listed under “options.”	<ul style="list-style-type: none"> <li>▪ Milk – 1 cup</li> <li>▪ Cheese – 1 ½ ounces</li> <li>▪ Cottage Cheese – 2 cups</li> <li>▪ Yogurt, pudding or custard made with milk – 1 cups</li> <li>▪ Frozen yogurt, ice cream – 1 ½ cups</li> </ul>
<b>Protein Foods</b>	6 of the choices listed under “options.”	<p><b>Animal Protein</b></p> <ul style="list-style-type: none"> <li>▪ Meat: chicken, turkey, fish – 3 ounces (the size of a deck of cards)</li> <li>▪ Egg – 1</li> </ul> <p><b>Vegetable Protein</b></p> <ul style="list-style-type: none"> <li>▪ Cooked dried beans, peas, lentils – ¼ cup</li> <li>▪ Peanut butter – 1 tablespoon</li> <li>▪ Tofu – ¼ cup</li> </ul>
<b>Fats, Oils, and Sweets</b>	Only eat these types of foods once in a while.	

*Information in the chart is courtesy of  
the WIC Supplemental Nutrition Program, California Department of Health Services.*





## **Lower the Trans Fat!**

# Health Education Recipe



**Acknowledgement:** *California Women, Infants, and Children's Program*

**Goal:** To improve diabetes and obesity prevention and management among farmworkers.

**Learning Objective:** By the end of this recipe, 70% of participants will be aware of at least two negative effects of trans-fatty acids. They will also be able to identify trans fats on food labels.

**Time:** 25 minutes

**Materials:** 6 sample food products with food labels (3 should contain hydrogenated or partially-hydrogenated fats), flip chart paper, magazine pictures of foods with hydrogenated or partially-hydrogenated fats (chips, cookies, fried food, donuts, etc.), 12 copies of a food label from a product containing trans fats, and markers.

**Target Audience:** Adults

**Audience Size:** Small group (but can be modified for single individuals)

### **Steps:**

#### → Step 1: Introduction

After welcoming everyone, start the discussion by saying that although many foods may taste delicious (like cookies or potato chips), many contain high amounts of trans fats (or trans-fatty acids). Tell participants that for the remainder of their time you will talk about the harmful health effects of consuming the trans fats found in many food items. In addition, you will also introduce one technique they can use to identify foods with trans fats.

#### → Step 2: Discussion

Ask participants to pair-up and share what they currently know about the dangers of trans fats. Regroup and ask participants to share what they discussed in pairs. After they answer the question, write their responses on flip chart paper.

Inform participants that trans fats result from a process called hydrogenation (a process that adds hydrogen to unsaturated fats to make them more saturated—this tends to increase consistency in baking and extend shelf life). This will be the key word for them to learn during this session. If they see the word “hydrogenation” or “hydrogenated” on a food label, then they will know to avoid eating it because it can lead to coronary heart disease and increase “bad” cholesterol.

Write both of these words on the flip chart paper. Share pictures of foods containing trans fats such as: fried foods, cookies, crackers, chips, donuts, instant soups, and cakes. These all contain significant amounts of trans fats because the hydrogenation process is used in making them.

Emphasize the dangers of trans fats to participants. Regularly eating these foods can lead to:

- An increased risk of heart disease, high cholesterol, stroke, and diabetes;
- An increased risk of obesity.



→ Step 3: Food Label Activity

1. Distribute one copy of a food label to each participant.
2. Ask participants to look at the label and circle the words “hydrogenated” or “partially hydrogenated” located in the ingredients list.
3. Tell the participants to always look for either of these key words; they indicate the food contains trans fats.
4. Ask participants to pair-up to practice identifying trans fats in food products.
5. Distribute the six food products with food labels.
6. Ask participants to work as a group and scan the food labels, identifying which products contain “hydrogenated” or “partially-hydrogenated” fats and which ones do not.
7. Discuss the three product samples with trans fats. Ask participants to offer healthy alternatives to the bad fat foods.
8. Alert participants that while some foods advertise “0g Trans Fat,” if there is still hydrogenated oil in the food label, there is trans fat in the food (just in a small amount).

*Please note: if you have more than 25 minutes with your participants, you may ask them to arrange the products in order from more trans-fat to less trans-fat content based on Nutrition Facts Labels.*

→ Step 4: Conclusion

Provide the following solutions to participants:

- Avoid the packaged and processed foods sections of grocery stores;
- Review food labels;
- Limit visits to fast food restaurants;
- Prepare as much fresh, homemade food as possible.

Now that participants have learned how to identify trans fats in foods, they have the ability to choose foods low in trans fats. Or better yet, they can choose not to purchase these products at all. Encourage them to share their newfound knowledge with their family and friends.

Before concluding the activity, ask if anyone has remaining questions. Then, be sure to thank everyone for their time and attention.

**Suggested Evaluation Technique:** Health educators can use the Stand-Up/Sit-Down evaluation tool (pg. 9-9) before and after the health education session. Tell participants that you will read a few statements. If they agree with the statements, they should stand up. If they do not agree with the statements, they should remain seated. Read the following statements for this evaluation.

- Hydrogenated fats/trans fats are bad for your health. [Answer: True]
- Partially-hydrogenated fats are okay for your health. [Answer: False]
- Many fried foods have hydrogenated fats/trans fats. [Answer: True]
- Reading the food label is important for learning the bad fat content of food products. [Answer: True]





## **Physical Activity Paper Ball Game**



**Acknowledgement:** *California Women, Infants, and Children's Program*

**Goal:** To improve diabetes and obesity prevention/management in the farmworker population.

**Learning Objective:** By the end of this activity, 70% of participants will be able to identify two health benefits of physical activity. In addition, they will be able to identify at least one physical activity that can be incorporated into their daily lives.

**Time:** 25 minutes

**Materials:** Flip chart paper, markers, notepads, pencils, a large wicker basket and magazine or newspaper clippings/photos of persons engaging in physical activity and clippings/photos of persons engaging in sedentary activities.

**Target Audience:** Farmworker adults and children

**Audience Size:** Small group

### **Steps:**

#### → Step 1: Introduction

After introducing yourself, explain that you will discuss the importance of increasing physical activity to the participants. This activity should last approximately 25 minutes.

#### → Step 2: Discussion

Ask participants to answer the following question: "Why is it important to exercise every day?" Write each response on the flip chart paper.

Possible answers to this question may include:

- To prevent type-2 diabetes and obesity;
- To lose weight;
- To improve mental health;
- To feel healthier;
- To help prevent high blood pressure;
- To reduce risk of heart disease;
- To lower cholesterol levels;
- To have more energy;
- To increase muscle mass and bone strength.

After compiling all the responses, mention any additional answers that were not shared by participants.

Then reinforce the need for daily physical activity. Adults need at least 30 minutes of physical activity every day to maintain health and well-being. Children require one hour or more of active



play, exercise, or physical activity per day. Reiterate to participants that physical activity helps prevent disease.

→ Step 3: Introduce Basic Precautions

In the event that any of your participants have an ongoing health issue, discuss the importance of consulting with a physician prior to beginning a new exercise program.

Examples of possible health issues include:

- Asthma
- Pregnancy
- Special medications
- Heart conditions (especially if morbidly obese)

→ Step 4: Activity

- Have participants form a large circle (either standing or sitting) with the wicker basket in the center.
- After distributing notepads and pencils to the group, ask them to write or draw something they currently do for physical activity (or at least something they'd like to do). Instruct participants to tear off their piece of paper from the notepad and form it into a ball. One at a time, the participants will toss their crumpled paper balls into the wicker basket. (It's OK if they miss; simply ask them to retrieve the ball of paper and place it in the basket.)
- When all the paper balls are in the basket, ask for a volunteer to help you unfold each piece of paper. Read the answers aloud or interpret the drawings to the group; have participants help read the answers or interpret the drawings.
- After you have reviewed all of the responses, reinforce the message: there are many different ways to incorporate daily physical activity into your life. Emphasize that children learn to incorporate daily physical activity into their lives when they see their parents practicing this behavior.

→ Step 5: Conclusion

After all experiences have been shared, reinforce the examples of physical activity previously discussed. Encourage participants in your group to incorporate at least one of the shared examples into their daily lives. Ask if any questions remain. Finally, thank everyone for their time and participation.

**Suggested Evaluation Technique:** Facilitate a version of the Picture Game activity (pg. 9-10). Provide each participant with an image of a person engaging in physical activity or a person engaging in sedentary activities. Then encourage participants to mention something they learned during the session related to the image.



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# STRESS

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## Description

## Information Sheet



Stress is a condition caused by events that upset our mental, emotional, and physical balance. Stress affects one's behavior, body, and mind. While people experience stress in different ways, there are four main classifications of symptoms: cognitive, physical, emotional, and behavioral. Following are a few common examples of the different types of symptoms resulting from stress.

<b>Cognitive Symptoms:</b> <ul style="list-style-type: none"><li>▪ Memory problems</li><li>▪ Inability to concentrate</li><li>▪ Trouble thinking clearly</li><li>▪ Anxious or racing thoughts</li><li>▪ Constant worrying</li></ul>	<b>Emotional Symptoms:</b> <ul style="list-style-type: none"><li>▪ Moodiness</li><li>▪ Agitation</li><li>▪ Short temper</li><li>▪ Feeling tense</li><li>▪ Restlessness</li><li>▪ Sadness</li></ul>
<b>Physical Symptoms:</b> <ul style="list-style-type: none"><li>▪ Headache</li><li>▪ Backache</li><li>▪ Nausea</li><li>▪ Chest Pain</li><li>▪ Loss of sex drive</li></ul>	<b>Behavioral Symptoms:</b> <ul style="list-style-type: none"><li>▪ Eating more</li><li>▪ Eating less</li><li>▪ Isolating yourself from others</li><li>▪ Nervous habits (nail-biting, pacing)</li><li>▪ Picking fights with others<sup>19</sup></li></ul>

## Risks to Farmworkers

Farmworkers who have migrated to the U.S. from Latin America or other parts of the world experience stress related to the major life changes they have experienced. Oftentimes, farmworkers' stress results from learning how to live in a new society, dealing with a language barrier, the pressures of performing well on the job, living in fear because of their documentation status, being away from their families and home countries, and their economic situation. These are just a few examples of common challenges that can overwhelm farmworkers and make it exceedingly hard to live a balanced and healthy life. It is important for farmworkers to learn positive coping mechanisms to ensure their well-being. If they do not, they may risk their emotional and physical health.

## Background Information

The causes of stress are very individualized. Triggers of stress vary from person to person and may depend largely on one's personality, general outlook, life experiences, personal history,

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<sup>19</sup> Helpguide.org, retrieved February 28, 2008, from:  
[www.helpguide.org/mental/stress\\_management\\_relief\\_coping.htm](http://www.helpguide.org/mental/stress_management_relief_coping.htm)



attitude, etc. It is important to keep in mind that what is stressful to one person may or may not be stressful to another.

Common among people experiencing stress is the body's reaction. When the body begins to feel stress or "threatened" in some way, its defenses go into overdrive. The brain releases a chemical alarm, which triggers the nervous system to respond by releasing stress hormones, including adrenaline. One's heart rate increases and blood flows to larger muscles in the body so one can run faster and/or fight harder. Additionally, one's digestive and reproductive system slow down, and the immune system is weakened. These consistent physiological responses can take a toll on the human body. If healthy coping mechanisms are not practiced and stress is not managed, the body can be in a constant state of stress, which can lead to many health complications.<sup>20</sup>

#### Primary Health Effects of Stress:

Recent research studies suggest that 60-90% of illness is stress-related. Chronic stress can lead to or exacerbate:

- Chronic pain
- Migraines
- Ulcers
- Heartburn
- High blood pressure
- Heart disease
- Diabetes
- Asthma
- Obesity
- Infertility
- Auto-immune diseases
- Irritable bowel syndrome

#### Stress Prevention/Management Tips:

- Adopt a healthy lifestyle (get adequate rest, eat healthfully, limit caffeine, and balance work and family obligations)
- Take one thing at a time
- Set aside relaxation time
- Meditate / pray / breathe
- Exercise
- Share your feelings with trusted friends
- Seek counseling services
- Focus on the positive
- Try not to be a perfectionist
- Listen to music
- Take a long bath or shower
- Write or draw in a journal<sup>21</sup>

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<sup>20</sup> Helpguide.org, retrieved February 28, 2008, from:  
[www.helpguide.org/mental/stress\\_management\\_relief\\_coping.htm](http://www.helpguide.org/mental/stress_management_relief_coping.htm)

<sup>21</sup> Ibid.



## Corresponding Health Education Recipes

- Managing Stress
- Coping with Culture Shock and Displacement

## Glossary of Terms

- *Adrenaline* - A hormone released when the body experiences stress.
- *Cognitive* - Relating to conscious intellectual activity, such as thinking, reasoning, or remembering.
- *Coping Mechanisms* - A behavioral tool used to offset or overcome stress. Coping mechanisms can be both positive and negative. An example of a positive coping mechanism is meditation, while an example of a negative coping mechanism is drinking alcohol.
- *Stressors* - The pressures and demands that cause stress. Examples include: a demanding job, a troubled relationship, one's economic status, an ailing parent, etc.

## Resources

- Health Initiative of the Americas, [Historias del Ir y Venir](http://www.ucop.edu/hia/mentalhealthdesc.shtml).  
<http://www.ucop.edu/hia/mentalhealthdesc.shtml>  
*This manual provides "promotores/as" (health outreach workers) information about migration and its connection with stress and mental health problems among migrants/immigrants. It is primarily designed for people who work with farmworkers. To order or download the manual visit the Health Initiative of the Americas' website.*
- HelpGuide.org, "Stress Management: How to Reduce, Prevent and Cope with Stress"  
[http://www.helpguide.org/mental/stress\\_management\\_relief\\_coping.htm](http://www.helpguide.org/mental/stress_management_relief_coping.htm)  
*This guide provides an overview of stress and information on coping mechanisms.*
- WebMD's Stress Management Health Center  
<http://www.webmd.com/balance/stress-management/stress-management-topic-overview>  
*This resource provides an overview, health tools, and information on managing and coping with stress.*
- "Jornadas de Valor y Esperanza"  
This resource is a DVD training module developed by the Migrant and Seasonal Head Start program (MSHS). It includes interviews with migrant families who share their stories of migration. It can be used as a tool to teach storytelling as a strategy for addressing mental health concerns among the migrant population. For more information regarding this resource, please contact:

Helen Visarraga, Project Director, [hvisarraga@aed.org](mailto:hvisarraga@aed.org)  
Migrant and Seasonal Health Start Technical Assistance Center (Washington, DC)  
T/A Project - TAC-12  
Academy for Educational Development





## **Managing Stress**

# Health Education Recipe



**Acknowledgement:** *Material adapted from Teresa Andrews, Promotores Development Specialist, Rural Community Assistance Corporation.*

**Goal:** Improve the mental health of farmworkers.

**Learning Objective:** By the end of this health education session, 70% of farmworkers attending the session will learn the definition of stress; they will also be able to identify at least three positive mechanisms for coping with stress.

**Time:** 25 minutes

**Materials:** None

**Target Audience:** Farmworker adults and youth

**Audience Size:** 5 to 8 people

### **Steps:**

→ **Step 1: Introduce the topic**

Inform participants that today's topic is stress. But before you begin the discussion, ask them to participate in a brief activity.

→ **Step 2: Lead a relaxation activity**

1. Ask participants to stand in a circle.
2. Once in a circle, ask participants to take a few deep breaths. Then have everyone slowly and relaxingly roll their necks. Once they've completed a neck roll, ask them to reverse the direction. Then ask participants to stretch their arms high in the air for five seconds. Everyone will then bend over at the waist and hang loose for a few seconds, releasing their arms and relaxing. Have them relax in that position for a few seconds. Then ask them to stand normally again.
3. Ask participants to stretch their arms out in front of them and make tight fists. Ask participants to tighten their arms, gradually tightening every muscle through the arm and shoulder. Then ask them to relax.

→ **Step 3: Facilitate a discussion**

Have participants reflect about how it felt to have a tense arm and fist. Encourage everyone to share their responses.

Inform the group that the activity was intended to demonstrate what can happen during a stressful situation: we, as humans, tighten up. We become intense, perhaps our hearts race, we start sweating, etc.



Inform the participants that stress is very much like that tightened arm and fist. Stress is a very normal feeling that most people experience at some point. Stress can cause strong emotions and sometimes physical tension or tightness in our bodies because of a variety of factors.

Ask participants to name factors that trigger their individual stress. Then share the following list of factors that could potentially cause/trigger stress for a person:

- Adapting to life in a new country;
- Ailing family members or relatives;
- Financial difficulties;
- Learning a new language;
- Marital problems;
- Problems with close relations (friends, family, relatives, etc)
- Starting a new job;
- The political climate surrounding immigration and documentation status.

Explain that stress challenges us and can cause both physical and emotional symptoms, such as: stomach ache, headache, muscular tension, anger, sadness, and irritability. Stress can also be a huge contributor to mental health problems like depression and anxiety.

→ Step 4: Introduce Coping Mechanisms

1. Define coping mechanisms or ask participants to define the phrase. Make sure everyone understands that these are things we do in order to handle difficult situations or emotions.
2. Tell participants that people use coping mechanisms to deal with life's stresses. There are positive and negative coping mechanisms.
3. Highlight negative coping mechanisms: drinking, violence, aggression, smoking, drugs, etc. These negative coping mechanisms should be avoided; they resolve nothing, and in most cases, create additional stresses and unhealthy dependencies.
4. Now highlight positive coping mechanisms: communication with friends, loved ones and/or a counselor, exercise, listening to music, prayer, meditation, laughter, etc. You want to emphasize these positive coping mechanisms to the participants. When used properly, these positive coping mechanisms can help reduce and/or eliminate stress altogether.

*Note: If you have extra time, brainstorm with participants about negative and positive coping mechanisms, before mentioning the examples listed above. Make sure that participants understand the distinction between the two types.*

→ Step 5: Conclude the activity

There are a variety of positive coping mechanisms; however, someone must acknowledge that they feel stressed, accept these feelings, and then decide how to positively cope with these feelings. Thank participants for their time and participation.



**Suggested Evaluation Technique:** Implement the *Stand-Up/Sit-Down* tool (in the Quick & Easy Health Education Tools section) to evaluate participants' understanding of positive coping mechanisms. Tell participants that you will read a list of both positive and negative coping mechanisms; ask participants to stand every time you mention a coping mechanism that is positive. Ask participants to remain seated when a negative coping mechanism is mentioned.





## Coping with Culture Shock and Displacement

**Acknowledgement:** *Teresa Andrews, Promotores Development Specialist, Rural Community Assistance Corporation.*

**Goal:** Improve the mental health of farmworkers.

**Learning Objective:** By the end of the session, 70% farmworkers attending the session will reflect on their experiences as immigrants and openly share their feelings of culture shock and stress caused by life in their new country. Participants will learn at least one strategy for how to cope with the stress caused by the “newcomer” experience.

**Time:** 45 minutes

**Materials:** CD or tape with *tambora*, *fiesta del pueblo*, or *banda* style music.

**Target Audience:** Mexican immigrant farmworker adults.

*Please note: This recipe is intended for Mexican immigrant farmworkers, but could be adapted for other immigrant farmworker communities.*

**Audience Size:** 8-12 people

### **Steps:**

#### → Step 1: Introduce the topic

Explain to participants that they will discuss how to increase awareness about the effects/impacts migration has on the mental health of individual farmworkers and farmworker families. After the introduction, you will lead them in a short activity.

#### → Step 2: Participants share memories of life in their country of origin

1. Ask participants to take a few deep breaths. Encourage them to relax a little more after each exhalation.
2. At this point, the health education facilitator will play music.
3. While the music plays in the background, ask participants to think about a fond memory of life in Mexico. Ask participants to think about specific details regarding the memory. Who is included in this memory? What do they remember about the sounds, sights, and smells of the specific memory? What makes this memory stand out for them?
4. Ask participants to pair up and share their memory with another person.
5. Then, ask for volunteers to share their memories with the larger group.
6. Ask participants to share how it felt to reflect on their lives they left behind in Mexico. Was the exercise difficult to do? Did it make them sad, happy, or angry?

*Note: the exercise could potentially evoke strong emotions. Be prepared for some participants to experience intense feelings.*



→ Step 3: Discuss culture shock and displacement

Tell participants that many immigrants leave their countries of origin out of necessity and do not think about how experiencing cultural differences will impact their lives until they arrive in the new country.

Use the example of a fish to illustrate your point: if you remove a fish from a lake, hold it in the air for a while, and then place the fish in a tank or another body of water, the fish will live; however, the shock experienced by the fish is tremendous. The same thing can be said about immigrants: they leave their environment (their lake) and everything they know and are accustomed to (families, traditions, foods, social life, etc). In a new country, they have to contend with a new reality (new customs, new language, new traditions, new job, etc).

Many immigrants don't know what to call the shock or intense feelings they experience when adjusting to their "new" lives. It's only natural for immigrants to miss numerous aspects of their homes. Immigrants can often feel a variety of intense emotions caused by severe stress from being away from their homes, such as sadness, anxiety, hopelessness, and anger.

Let the participants know that these feelings are natural and okay, considering the shock and displacement that immigrants can experience. The key is to find positive methods and techniques for dealing with these types of feelings.

→ Step 4: Introduce Tips for Coping with Stress Caused by Culture Shock

1. Tell participants that many ways exist for them to relieve the stress caused by culture shock and displacement. Introduce the following strategies:
  - Speak with a counselor; *if possible, provide the name of a health center or mental health practitioner who can provide counseling services;*
  - Try to develop stronger relations with acquaintances who have gone through similar migration experiences. Share your personal experience with them;
  - Provide support to newcomers who experience similar stresses resulting from culture shock and displacement;
  - Remain in touch with family back home via mail, email, and phone;
  - Continue practicing the traditions that make you feel connected to your home country (listen to music, cook traditional foods, recognize holidays, honor religious practices, dance, play sports, connect with a local Catholic parish, etc);
  - Decorate your living space with pictures and symbols that remind you of your home country, family, and loved ones.
2. Ask participants if they have used one or more of these strategies. How did they feel about the strategy they used?
3. Ask participants if they have additional ideas and/or suggestions for how to deal with stress caused by culture shock or displacement.

→ Step 5: Conclusion

Conclude the session by reiterating that feelings of culture shock are common and natural. The immigrant experience can influence a person's mental health and cause intense emotions. Encourage participants to adopt one or more of the coping mechanisms discussed for managing these emotions (see Step 4 for specific examples).



**Suggested Evaluation Technique:** Observe participant involvement in this activity. Upon completing the activity, consider the following questions:

- Overall, did participants feel safe or comfortable sharing their memories in either Step 2 or Step 4?
- What would you recommend to another health educator facilitating this activity?



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## SEXUALLY-TRANSMITTED INFECTIONS

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### Description

### Information Sheet



Sexually transmitted infections (STIs), or sexually-transmitted diseases (STDs), are infections passed from one person to another during sex. Any type of sex can cause an STI. It can be penis to vagina sex, or penis to anus sex, or oral sex (mouth to penis, mouth to vagina). Sometimes STIs can happen from rubbing an infected penis or vagina against another person's genitals. In some cases STIs can also be passed from a pregnant woman to her baby before it is born, or during childbirth. STIs pass from one person to another through bodily fluids like vaginal fluid, semen, and blood. A person can have an STI and may or may not show symptoms.

If STIs are not treated, they can cause:

- infertility in men and women;
- babies born too early, too small, blind, sick, or dead;
- pregnancy in the fallopian tube (outside the womb);
- death from severe infection;
- ongoing pain in the lower abdomen;
- cancer of the cervix.<sup>22</sup>

**NOTE:** For the purposes of this chapter, the terms STIs and STDs are interchangeable; we use the acronym STI here, but recognize it may be clearer to use sexually-transmitted diseases (or STDs) among audiences you work with. Please choose the acronym that will be the most clear for your audience.

### Risks to Farmworkers

There is very little information about the exact numbers of migrant and seasonal farmworkers affected by STIs. HOP's *2005-2006 National Needs Assessment of Farmworker-Serving Health Organizations* found that participating migrant/community health centers ranked STIs among their top ten most common health issues facing farmworker patients. Additionally, it ranked among the top ten health topics of greatest interest to farmworkers (as reported by health center staff). This issue is critical not merely for the individual farmworkers but for their partners who may not reside in the United States. Health education is a key way to foster respect for the topic of STIs while equipping farmworkers with the information to make educated choices about their health and well-being.

### Background Information

#### How To Know If a Person is at Risk for an STI

Even if you do not have any signs, you may be at risk (or more likely to have or get an STI) if:

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<sup>22</sup> Where Women Have No Doctor by A. August Burns *et. al.* Hesperian Foundation, 1997 [www.hesperian.org](http://www.hesperian.org).



- Your partner has STI symptoms. He/she has probably passed the STI to you, even if you have no symptoms.
- You have more than one sexual partner. The more sexual partners a person has, the greater the chance one of them has passed on an STI.
- You have had a new sexual partner in the last three months. The new partner may have had another partner just before you who had an STI.
- You think your partner might have other partners (if so, he or she is more likely to become infected with an STI and infect you).<sup>23</sup>

<b>Common Symptoms of STIs</b>		
A person can have an STI, and may or may not have symptoms. When symptoms are evident possibilities include:		
<b>Men &amp; Women</b>	<b>Women Only</b>	<b>Men Only</b>
<ul style="list-style-type: none"> <li>▪ Blisters, ulcers or warts near the genitals, anus, or mouth</li> <li>▪ A burning sensation when urinating or moving bowels</li> <li>▪ The need to urinate frequently</li> <li>▪ An irritation or burning sensation around the genitals</li> <li>▪ Red or inflamed throat</li> <li>▪ Flu symptoms, with fever, chills, and general body pain</li> <li>▪ Inflammation around the genitals</li> </ul>	<ul style="list-style-type: none"> <li>▪ Unusual smelling discharge</li> <li>▪ Pain in the pelvic area</li> <li>▪ Burning sensation in the vaginal area</li> <li>▪ Abnormal blood flow with menstrual cycle</li> <li>▪ Pain during sex</li> </ul>	<ul style="list-style-type: none"> <li>▪ Discharge from the penis<sup>24</sup></li> </ul>

### What are some Common STIs

Gonorrhea, Chlamydia, HIV/AIDS, Genital Warts, Herpes, Syphilis, Vaginitis, HPV

### What to Do if You Have Symptoms of an STI

1. Visit a health center immediately.
2. Get tested.
3. Get treated, if necessary
4. Make sure your partner gets tested and treated too. Inform previous sexual partners.
5. Stop having sex or use condoms during sex until your signs have gone away AND you and your partner have finished all the medicine.
6. Visit a health worker if you do not feel better after the treatment is completed.

### How to Avoid STIs

- Use condoms every time you have sex.
- Do not have sex if your partner has signs of an STI.
- Urinate after sex.
- You and your partner can have oral sex (with a condom) or other sexual touching instead of intercourse.<sup>25</sup>

<sup>23</sup> Where Women Have No Doctor by A. August Burns *et. al.* Hesperian Foundation, 1997, www.hesperian.org.

<sup>24</sup> Curriculum for Outreach Centered Health Education, Health Outreach Partners, 2000.

<sup>25</sup> Where Women Have No Doctor, Hesperian Foundation



### How To Use a Male Condom

Treat condoms gently and keep them out of the sun. With latex condoms, never use lotions, baby oil, Vaseline®, or cold cream -- the oil in these products weakens the condom. If you use a lubricant, use one made with water (such as K-Y® jelly or glycerin). Regular use of spermicidal lubricants should be avoided as they may cause skin irritation. Put the condom on before the penis touches the vagina, mouth, or anus.

Hold the condom by the tip to squeeze out the air. Leave some space at the tip to hold the ejaculate (cum). Unroll the condom all the way over the erect penis. After sex, the man should hold the condom at the rim and pull out slowly while the penis is still hard.

Use a new condom if you want to have sex again or if you want to have sex in a different place (for example, first in the anus and then in the vagina).

For a simple animated version visit the American Social Health Association website:

[http://www.ashastd.org/condom\\_use.cfm](http://www.ashastd.org/condom_use.cfm)

### How To Discuss Sensitive Topics

STIs are a sensitive topic of discussion for many adults. Despite this, like any health education topic, participants have a right to accurate information and to ask questions; STIs are no different. Health educators have a responsibility to communicate this information with respect, both for the material at hand and the individual participants. Be mindful of group dynamics and be cautious about discussing details among mixed-gender groups. Be aware if children are present as content may not be appropriate for them. These factors should be assessed before presenting. Also, know that prostitution may be practiced in or near farmworker camps. Lastly, it is helpful to assume that at least one participant in your session already has an STI; make sure that your health education messages do not increase shame about a topic sometimes stigmatized by our society.

## **Corresponding Health Education Recipes**

- Fruity Fun!
- Signature Hunt

## **Glossary of Terms**

- *AIDS (Acquired Immune Deficiency Syndrome)* - A disease caused by the HIV virus usually passed through sex. A person has AIDS (rather than just being infected with HIV) when the immune system becomes so weak it can no longer fight off common infections and illnesses.
- *Chlamydia & Gonorrhea* – Bacterial infections which are spread from one person to another during sexual contact.
- *Genital Herpes* – A painful skin infection caused by a virus. Small blisters appear on the sex parts. Genital herpes is spread from person to person during sex. Genital herpes occasionally appears on the mouth from oral sex. But it is different from the kind of herpes that commonly occurs on the mouth, which is often not spread by sex.



- *Genital Warts* – These warts are caused by a virus that is spread by sexual contact. They look like warts on other parts of the body but there are usually more of them.
- *HIV/AIDS* – HIV, or human immune deficiency virus, is the virus that causes AIDS. We sometimes use the phrase ‘HIV/AIDS’ since infection with HIV usually leads to AIDS.
- *HPV* – some strains of Human Papilloma Virus cause genital warts while others can cause cervical cancer. There is now a HPV vaccine.

## **Resources**

- Where Women Have No Doctor by A. August Burns, Ronnie Lovich, Jane Maxwell, and Katharine Shapiro, Hesperian Foundation, 2006.  
[http://www.hesperian.org/publications\\_download\\_wwhnd.php](http://www.hesperian.org/publications_download_wwhnd.php)  
*This book combines self-help medical information with an understanding of the ways poverty, discrimination and cultural beliefs limit women's health and access to care. Developed with community-based groups and medical experts from more than 30 countries, Where Women Have No Doctor is an essential resource for any woman who wants to improve her health, and for health workers who want more information about the problems that affect only women, or that affect women differently from men. There is a chapter dedicated to STIs.*
- HIV Health and Your Community by Reuben Granich and Jonathan Mermin, Hesperian Foundation, 2006.  
[http://www.hesperian.org/mm5/merchant.mvc?Store\\_Code=HB&Screen=PROD&Product\\_Code=B200](http://www.hesperian.org/mm5/merchant.mvc?Store_Code=HB&Screen=PROD&Product_Code=B200)  
*A thorough, easy-to-understand guide for health workers throughout the world. Designed as a manual for people confronting the HIV pandemic in their communities, it is easily accessible to those with little medical or technical knowledge. Topics range from the biology of the virus and the epidemiology of the disease to the mechanics of designing prevention programs and writing grant proposals.*
- Salud sexual y reproductiva de mujeres migrantes, by Health Initiative of the Americas, 2006.  
[http://www.ucop.edu/hia/documents/saludsexual\\_y\\_reproductiva.pdf](http://www.ucop.edu/hia/documents/saludsexual_y_reproductiva.pdf)  
*Comprehensive health worker manual on reproductive and sexual health. There is a chapter dedicated to STIs. See pages 39-40 for a succinct overview of each STI. This curriculum is in Spanish.*
- “Sexually Transmitted Diseases – Health Education Module.”  
*This is an outreach-friendly flip chart, complete with illustrations and simple talking points on STIs for outreach staff to be used with farmworker audiences. For more information contact HOP: [www.outreach-partners.org](http://www.outreach-partners.org).*





## **Fruity Fun!**

**Acknowledgement:** This recipe was adapted from HOP's *Curriculum for Outreach-Centered Health Education (COCHE™)*, pages 124-126.

**Goal:** To prevent the transmission of STIs among farmworkers and their families.

**Learning Objective:** After this activity, at least 80% of the participants will be able to recognize at least 3 general symptoms of STIs and demonstrate the steps for proper condom use.

**Time:** 30 minutes

**Materials:** Flip chart paper, markers, condoms for all participants, bananas, cucumbers, or zucchinis for all participants

**Target Audience:** Farmworker adults or teens, grouped by age and gender if possible.

**Audience Size:** Small or large group

### **Steps:**

#### → Step 1: Introduce the topic

Introduce yourself and announce that you will be talking about STIs. Explain the objective of the workshop and mention that the purpose is not to create shame about these health issues. Instead, the goal is to learn about and discuss these issues, with respect and honesty. Explain that this will be a participatory activity, so both the facilitator and the participants will be working together.

#### → Step 2: Facilitate an open discussion

Have participants volunteer the names of different STIs. Ask participants to share something they know about STIs in general or any of the specific STIs mentioned.

#### → Step 3: Discuss symptoms of STIs

- Ask participants to share possible symptoms of STIs. As they contribute symptoms, ask them to share something about themselves also (this could be a favorite food, pastime, where they are from, etc.). Urge participants to pay close attention as they will be challenged to remember a few symptoms in a few moments. For symptoms mentioned that are incorrect, kindly thank the participant for their suggestion and ask for another symptom instead. If the participant appears to be struggling with the question, ask for assistance from the rest of the group.
- Just as the farmworkers will need to remember some details about STIs, you will also need to remember the tid-bit the farmworkers share about their personal lives. This will demonstrate your interest in farmworkers' lives and what they have to share, and it will help create a more relaxed environment when presenting a topic that may make some people feel embarrassed or uncomfortable.



- Include any important symptoms that have been left out. Make sure to include all the symptoms of the STIs from the Information Sheet. Also, be sure to mention that some often have NO symptoms at all. Emphasize the importance of getting tested for STIs.

→ Step 4: Challenge participants to recall STI symptoms

Cover up the flip chart with paper and ask the participants to share as many of the symptoms as they can remember. Volunteer the personal facts that the farmworkers have shared about themselves as each farmworker provides a response.

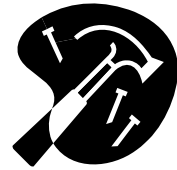
→ Step 5: Demonstrate the appropriate way to put on a condom

- Explain that condoms do not provide 100% protection from STIs, particularly for diseases such as genital warts or herpes where lesions (sores) may not be covered. Condoms, however, remain the best defense against STIs for people who are sexually active. *When used correctly*, they have a very high success rate, are relatively easy to use and access, and are becoming more and more accepted.
- Review the correct steps for appropriately applying and removing a condom, using a banana, cucumber, or zucchini to demonstrate. **[Note: Make sure to have reviewed and practiced these steps before the health education session.]**
- If time permits, pass out bananas to all participants and have them practice the steps. Watch to make sure that all participants use the correct techniques. Recognize that some participants may be uncomfortable with this step.

→ Step 6: Conclude the session

Review the facts that you noted on the flip chart. Thank participants for their time and contributions. Whenever possible, distribute condoms to participants.

**Suggested Evaluation Technique:** During Step 5, watch carefully while the farmworkers practice putting condoms on bananas. To evaluate, make it a game. The first time have the participants do it while looking at the condom and the banana. Be sure to critique the techniques used. The second time have the participants do it with their eyes shut or wearing a bandana. Mention how this would be similar to putting on a condom in the dark. Mentally note participants who had trouble the first time and note how they do the second time. Has their technique improved?





## **Signature Hunt**

**Acknowledgement:** Material for this recipe was adapted from the lesson plan “*Expresiones de intimidad*,” a section of *Cómo planear mi vida: un programa para el desarrollo de la juventud latinoamericana*. Published by Advocates for Youth in association with the Costa Rican Demographic Association, <http://www.advocatesforyouth.org/PUBLICATIONS/cpmv.htm>.

**Goal:** To prevent the transmission of STIs among farmworkers and their families

**Learning Objective:** After this activity, at least 80% of the participants will understand how HIV and STIs can be spread and how to protect themselves from contracting STIs.

**Time:** 30 minutes

**Materials:** Small card for each participant, pencils or pens, condoms (optional)

**Target Audience:** Farmworker adults and/or teens

**Audience Size:** Large group

### **Steps:**

→ **Step 1: [Before the activity] Prepare small cards**

Prepare small cards for each participant. On three of the cards write a tiny X, P, or A in the right-hand corner.

→ **Step 2: Introduce the topic**

Introduce yourself and announce that you will be talking about how STIs like HIV can be spread as well as how to prevent them. Mention the objective of the workshop including that the goal is to learn about and discuss these issues, with respect and honesty. This will be a participatory activity, so both the facilitator and the participants will be working.

→ **Step 3: Facilitate card activity**

- Provide each participant a card and a pencil or pen. Ask the participants to mingle amongst each other and get three signatures on their cards. Make sure to explain that the signatures should go in one direction only; in other words, if Juan signs Maribel’s card, Maribel should not sign Juan’s card. When everyone has received three signatures, have them return to their seats.
- Ask the people whose cards are marked with an “X” to go to the front of the room. All those with a signature of this person should also go to the front of the room. Ask all those who have signatures of these people to also join the group up front. Continue doing this until all, (or almost all participants) are standing.



→ Step 4: Explain cards

- Tell the group to imagine that the person with the card marked “X” is infected with HIV or another STI.
- Now tell the group to imagine that instead of getting this person’s signature, imagine that you had sexual relations with this person. You may wish to refresh participants understanding of how STIs can be transmitted.
- Ask the person with the “P” on her or his card to raise their hand. Explain that this person used protection and is not infected. Tell the person to take a seat.
- Ask the person with the “A” marked on her or his card to please raise his or her hand. This person abstained from having sexual relations and is not infected. Tell this person to take a seat.
- Everyone else still standing is infected.

→ Step 5: Discuss the activity

Discuss the following with participants:

- Explain that the activity or simulation demonstrates how cases of HIV or other STIs can multiply.
- Explain that having sexual relations with a partner puts them at the same risk as having sexual relations with all prior sexual partners of their present partner.
- Ask some questions: How did the person with HIV or an STI feel? How did the rest of the participants feel about the person with HIV or an STI? How did it feel to discover that you had used protection or were not infected?
- Review a few facts about how HIV and STIs are transmitted as well as strategies for prevention.

→ Step 6: Conclude the session

Thank participants for their time and contributions. If possible, distribute condoms to participants and urge them to get screened for STIs. Knowledge about their health is a powerful tool for preventing the spread of an STI.

**Suggested Evaluation Technique:** At the end of Step 5, ask participants what advice they would give a friend who thought he or she might have an STI. Specifically, ask participants how they would explain how STIs are spread and how to protect themselves from contracting STIs.



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## FAMILY COMMUNICATION ABOUT SEX

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### **Description**

## *Information Sheet*



Like all young people, when farmworker youth feel unconnected to their home, family, and school, they may become involved in activities that place their health and well-being at risk. However, when parents demonstrate that they value their children, young people more often develop positive, healthy attitudes about themselves. Although most adults want young people to know about abstinence, birth control, and how to prevent sexually-transmitted infections (STIs), parents often have difficulty communicating about sexuality. Nevertheless, communicating about sex is important—positive communication between parents and their children greatly helps young people create their own individual values and make healthy decisions.<sup>26</sup>

### **Risks to Farmworkers**

Farmworker parents/caretakers have a great opportunity to learn how to talk to their children about sexuality and healthful sex practices. Outreach staff can have an invaluable role in empowering parents with the knowledge that open conversation will not push their child towards sexual activity; rather, it will help their child with information that he or she will undoubtedly need at some point in his or her life.

### **Background Information**

Most parents want to talk openly with their children about sexuality, yet often don't feel prepared to do so. Parents often question when to start having these conversations and what to say to their children, or how best to express their family values.

Talking with young people about the pleasures, responsibilities, and risks of sex does not mean that parents approve of their teenager having sex. However, birth control, pregnancy and STIs are a few of the important issues young people need to understand. When parents are open and talk about these topics honestly, they help their children develop respect for relationships and provide them with important information for taking care of themselves.

As part of this, parents may want to share their personal values, religious beliefs, moral viewpoints, etc. Their children will want and need to know how parents values influence their views on sexuality and sexual intercourse.

Please know that offering such messages to young people does not encourage sex. Rather, teenagers who are denied such information and communication are more likely to have unprotected sex.

Remember the importance of parents listening to their children's opinions on these issues, even

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<sup>26</sup> Parent-Child Communication, Advocates for Youth, <http://www.advocatesforyouth.org/parentchild.htm>.



though at times, their views may be quite different from their parents (and thus, hard to hear). It is important for parents to make it safe for their teenager to express personal thoughts without fear of judgment or punishment. If the child is met with anger or intimidation, chances are they will not be back a second time; and a parent will miss the opportunity to talk with their son or daughter about critical health issues.

Within such discussions, many worthwhile points can be made about love, intimacy, reasons why people have sex (both good and bad), peer pressure, and delaying sex. A genuine exchange of ideas can enable children to sort out the issues and draw some conclusions—hopefully before they are confronted with making the choices.<sup>27</sup>

## **Corresponding Health Education Recipes**

- Talking about Sexuality and Values
- Attitudes and Beliefs

## **Glossary of Terms**

- *Abstinence* – refraining from having any type of sex (anal, oral, or vaginal).
- *Gender* – has to do with defining how females and males look and act.
- *Hormones* – natural chemicals produced by our bodies that tell the body what to do.
- *Positive communication* – open communication that demonstrates listening, honesty, and respect.
- *Sex* – there are two general meanings of sex: 1) a person’s gender (female or male), or 2) the act of oral, anal, or sexual intercourse.
- *Sexuality* - Sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what she/he will become. It includes feelings, thoughts, and behaviors associated with being female or male, feeling attractive and being in love, as well as being in relationships that include sexual intimacy and sensual and sexual activity.
- *Values* - the principles that we believe in and that often guide our behavior.

## **Resources**

- Teenage Sexual Health: A Guide for Counselors, Nurses, Teachers, Sex Educators, Physicians, Parents & Teachers by Amelia M. Withington, David A. Grimes & Robert A. Hatcher  
Irvington Publishers, 1983  
ISBN: 0829012710
- Talking With Your Teenager by Ruth Bell & Leni Zeiger Wildflower  
Random House Trade Paperbacks, 1984  
ISBN: 0394527739

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<sup>27</sup> The Background Information section is courtesy of the Advocates for Youth publication “No Place Like Home . . . For Sex Education,” Grade 8 segment: <http://www.advocatesforyouth.org/publications/noplacelikehome/grade8.htm>



- Straight from the Heart: How to Talk to Your Teenagers About Love and Sex by Carol Cassell  
Fireside, 1988  
ISBN: 0671661981
  
- Advocates for Youth, “Online Parents Sex Ed Center”  
<http://www.advocatesforyouth.org/parents/index.htm>  
*This website is full of resource and, activities to help parents talk to their children about issues of sexuality.*





## Talking about Sexuality and Values

**Acknowledgement:** Material for this recipe was adapted from the lesson plan “*Expresiones de intimidad*,” a section of *Cómo planear mi vida: un programa para el desarrollo de la juventud latinoamericana*. Published by Advocates for Youth in association with the Costa Rican Demographic Association, <http://www.advocatesforyouth.org/PUBLICATIONS/cpmv.htm>.

**Goal:** To provide an opportunity for parents and teens to explore values associated with sexuality.

**Learning Objective:** After the activity, at least 75% of participants will have an increased understanding of the connection between sexuality and values.

**Time:** 35-45 minutes

**Materials:** Flip chart paper, markers, copies of “Talking about Sexuality and Values” handout for each participant

**Target Audience:** Farmworker parents and their teenage sons/daughters

**Audience Size:** Small group

### **Steps:**

#### → Step 1: Introduce the activity

Start by saying something like “Today, we are going to discuss various ways people express affection and attraction.” Consider introducing some “Guidelines for Discussion” since the activity addresses sensitive topics. Possible guidelines may include: disagree respectfully, one person speaks at a time, no question is a bad question, etc.

#### → Step 2: Use the handout

Pass out a single copy of the handout to each participant, “Talking about Sexuality and Values.” Ask everyone to match an appropriate age for each listed behavior. Please adapt the handout to be appropriate with the language and literacy issues of your audience. Collect all the handouts. Shuffle and redistribute the handouts so no one has his/her own. Using the flip chart paper, ask the group to call out the age listed on the sheets for each behavior. Go through all the behaviors, listing ages beside them.

#### → Step 3: Discuss the activity

Process the activity with participants by discussing some of the following questions:

- How did it feel to think about and discuss these behaviors?
- Which behaviors were easiest to assign to a particular age? Which were hardest? Why do you think this was the case?
- Did your values or principles influence your choices? How?
- Could the age you chose for a particular activity be affected by circumstances? Can you give an example?



- How did you decide the appropriate age for a given behavior? How often did parents and teens choose the same age range? How often was it different? Why?
- How would you react if your parent (or teen) listed a very different age from the one you gave?
- Would your gender affect the age you think appropriate for some of the behaviors?
- How would you react if your boyfriend/girlfriend felt very differently from you about appropriate ages for some of the behaviors?

→ Step 4: Conclude the activity

Highlight some of the key discussion areas that were raised during this activity. Ask participants if they have any final questions or comments. Thank them for their time and contributions.



## Handout: Talking about Sexuality and Values

At what age is it okay to . . .	Teen	Parent/Caregiver
Hold hands		
Kiss		
Touch one another		
Go out in a group of friends		
Date		
Undress in front of a boyfriend/girlfriend		
Have sex		
Live with someone		
Enter a committed relationship with someone		





## Attitudes and Beliefs

**Acknowledgement:** Material for this recipe was adapted from the lesson plan “Attitudes and Beliefs,” a section of Parent Sex Education Center, Advocates for Youth.

<http://www.advocatesforyouth.org/parents/attitudes.htm>

**Goal:** To provide an opportunity for parents and teens to explore their attitudes and beliefs around sexuality.

**Learning Objective:** After the activity, at least 75% of participants will have an increased understanding of their parents’/teens’ attitudes and beliefs about sexuality.

**Time:** About 1 hour

**Materials:** Handout: Attitudes & Beliefs (optional)

**Target Audience:** Farmworker parents and their teenage sons/daughters

**Audience Size:** Small group

### **Steps:**

#### → Step 1: Introduce the activity

Introduce the topic of beliefs and attitudes. Consider introducing some “Guidelines for Discussion” since the activity addresses sensitive topics. Possible guidelines may include: disagree respectfully, one person speaks at a time, no question is a bad question, etc.

Discuss how beliefs and attitudes are the principles that we believe in and that often guide our behavior. Beliefs and attitudes are learned, first from parents or other caregivers and then from others, including peers, teachers, relatives, community leaders. Youth often question or test the values they have learned from family. Friends with different values, media messages, and developing close relationships all challenge youth and create opportunities for them to make responsible and healthy decisions about sexuality.

Mention something like, “Today, we are going to learn more about our parents’ and teens’ views on a variety of topics related to sexuality.”

#### → Step 2: Facilitate a guided discussion

Distribute the attached handout to all participants. Have parents fill out the worksheet. At the same time, have them ask their son or daughter to fill out the worksheet. When they’re both finished, have them exchange and discuss the answers with each other. What similarities do you notice? What differences?

*\*\*Alternative: If your group has limited literacy skills, use the questions outlined on the attached handout, and facilitate a discussion with parents and their son/daughter. Present each section of the handout and have the pairs consider the question individually for a moment.*



*Afterwards, have the pairs exchange their impressions. Proceed with each of the seven sections in this manner.*

→ Step 3: Discuss the activity

Process the activity with participants by discussing some of the following questions:

- How did it feel to think about and discuss these behaviors? Which were hardest? Why do you think this was so?
- Did your values influence your choices? How?
- How would you react if your parent (or teen) responded in a very different way than you believe?

→ Step 4: Conclude the activity

Ask participants if they have any final questions or comments. Thank them for their time and contributions.

**Suggested Evaluation Technique:** Ask participants what they thought of this activity. Ask them to mention two new things they learned about their parent or son/daughter.



## Handout: Attitudes and Beliefs

This activity will help parents share their attitudes and beliefs with their sons or daughters.

**Directions:** Fill out the worksheet. Ask your son or daughter to fill out the worksheet at the same time. When you're both finished, exchange and discuss each of your answers with one another. What similarities do you notice? What differences?

### #1) ABOUT LOVE ...

My mother would say \_\_\_\_\_

My father would say \_\_\_\_\_

I believe \_\_\_\_\_

### #2) ABOUT MARRIAGE ...

My mother would say \_\_\_\_\_

My father would say \_\_\_\_\_

I believe \_\_\_\_\_

### #3) ABOUT SEX ...

My mother would say \_\_\_\_\_

My father would say \_\_\_\_\_

I believe \_\_\_\_\_

### #4) ABOUT BIRTH CONTROL AND CONDOMS ...

My mother would say \_\_\_\_\_

My father would say \_\_\_\_\_

I believe \_\_\_\_\_

### #5) ABOUT PREGNANCY ...

My mother would say \_\_\_\_\_

My father would say \_\_\_\_\_

I believe \_\_\_\_\_

### #6) ABOUT HIV/AIDS ...

My mother would say \_\_\_\_\_

My father would say \_\_\_\_\_

I believe \_\_\_\_\_

### #7) ABOUT SEX EDUCATION ...

My mother would say \_\_\_\_\_

My father would say \_\_\_\_\_

I believe \_\_\_\_\_

