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Community- Based Education

Health Promotion for Farmers at the Country Market

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*F*arming alternates with mining and construction as being the most dangerous occupation.¹ Each year, thousands of adult agricultural workers suffer occupational injuries or illnesses, many resulting in permanent disability or death. This article describes an unique approach used by baccalaureate nursing students, enrolled in a two-semester community health course, to address the priority health concerns of agricultural workers in their own rural communities.

The nursing students were introduced to rural farm families through a community-based organization, The Kentucky Partnership for Farm Family Health and Safety, Inc. This grassroots coalition was organized in 1992 with funds from the W.K. Kellogg Foundation. Farm women, serving as health officers for their families and communities, provide leadership for this group. Students collaborated with these farm women and discovered they shared a common goal: to provide health promotion for local farmers.

Together, the farm women, students, and faculty decided to reach the farmers at their daily gathering places, sites where the farmers meet to talk, eat, and visit. Ten gathering sites were identified in the rural farming communities of one south-central Kentucky county and included agribusinesses, rural diners, and country stores.

Assessment

A survey tool was developed to identify the demographics and health education needs of the area farmers. The tool identified 12 health hazards or problems related to farming, such as skin cancer, stress, falls, and hearing loss. These hazards or problems were selected based on current agricultural health and safety literature² and a previous survey of 200 farm women living in the county.³ We approached the farmers at their daily meeting places by offering free blood pressure screening. The farmers were also asked to complete a survey indicating their priority health concerns.

Survey Results and Assessment Findings

Three hundred seventy-three individuals were screened for hypertension. One third of the blood pressure readings exceeded 140/90 mm Hg. Two hundred seventy-four individuals completed parts of the survey. The gender mix of those completing the survey was 186 men and 52 women, with 116 indicating they were members of a farm family. Of the farmers responding, only 33 were full-time farmers; 78 were part-time farmers. Most of the respondents were 20 to 60 years old. Livestock farming was the most frequent type of farming reported, followed by tobacco, dairy, and grain farming. Priority education topics identified by the participants were stress management (five sites); skin cancer education (four sites); respiratory illnesses and prevention (one site), and emergency care of tick, snake, and insect bites (one site).

Planning and Implementation

Students, together with faculty and the community partners, analyzed the results of the assessment findings and consulted with owners of the gathering sites. We decided to return to each of the 10 gathering sites and use poster presentations to address the topics ranked by the farmers at that site as the number-one health concern. The students divided into groups to develop poster presentations and handouts to be shared during the next semester.

Preparing educational poster displays created additional learning opportunities. The students reviewed the literature and consulted with experts to acquire additional information and gain the support of community agencies. For example, the students developing the "Stress Management for Farmers" poster consulted with

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Figure 1. A nursing student teaches stress management at a local market.

practitioners from a community psychiatric/wellness organization; other students used information and resources from a state cancer program with a regional office in the community.

The students learned the benefits of collaboration as they worked with the healthcare team—the community partners, the store proprietors, and themselves. The proprietors provided advance publicity for the community

education days scheduled for their businesses and arranged space for the poster displays. The Kentucky Partnership donated supplies and technical and graphic support in designing the posters. The farm women scheduled community partners to function as greeters and facilitators at each gathering site.

The students shared the posters at the gathering sites during 4-hour ses-

sions scheduled at peak activity time (Figs. 1 and 2). This schedule required the students, faculty, and community partners to be flexible: some presentations began at 5 AM as the farmers arrived for breakfast, whereas other sessions were held during midafternoon coffee breaks. The students shared their educational messages while listening to the farmers' stories and experiencing the environment and culture (and the local cuisine).

Evaluation

Evaluation indicated a positive response from all involved in this collaborative, innovative, and educational approach. Students were exposed to a grassroots experience in agricultural health and safety as they focused on assessing, planning, implementing, and evaluating a health-promotion project for an underserved population. The students reported that the project provided opportunities to develop and use leadership skills such as conflict resolution, delegation, collaboration, and problem solving. Creating the poster displays fostered creativity, enhanced critical-thinking skills, and provided opportunities to present information through a new media method. The students also discovered the difficulties in evaluating a community-based educational program. The planned evaluation, a random posttest, did not provide the information needed to evaluate the effectiveness of the posters.

Faculty members determined that course objectives were met beyond their expectations. They were most pleased that the project enhanced the students' sensitivity to rural culture and the specific problems confronting this population. At each site, the farmers shared their experiences about the hazards of farming, telling stories of partial amputations of fingers and extremities. Faculty members agreed that a more comprehensive evaluation plan is needed, along with more creative strategies to reach the hypertensive people identified during the assessment phase.

Community partners benefited because their collaborative efforts enhanced their visibility in rural communities and provided them with an avenue to achieve their primary goal of

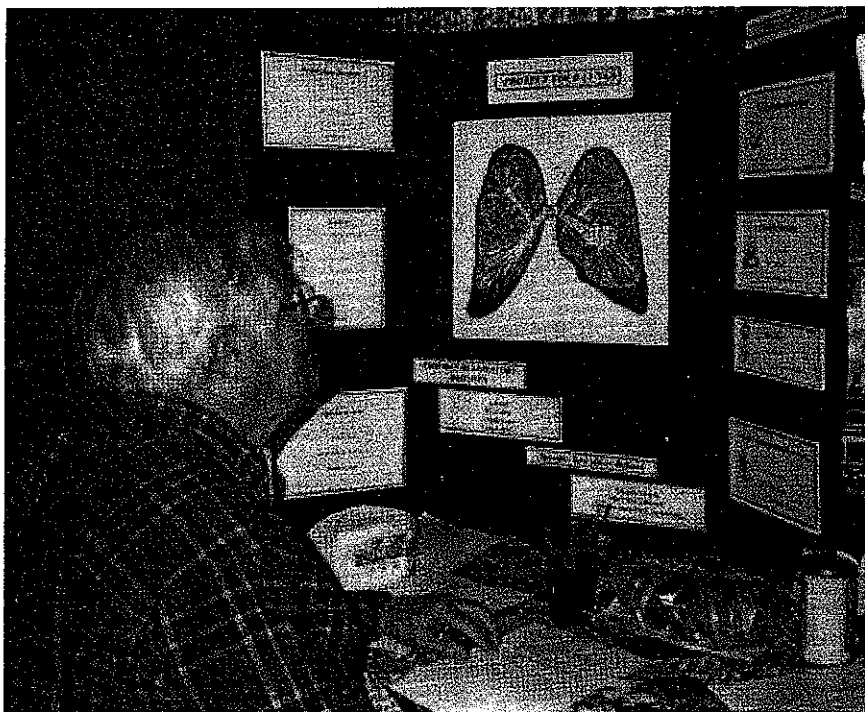


Figure 2. At a local diner, a farmer studies the benefits of respirator use.

improving the health and safety of local farmers. The proprietors of the gathering sites joined the partnership as they became facilitators in providing health promotion for their clientele. They enthusiastically requested the students to return with additional health projects in the future. The students donated their poster displays to the community partnership to be used in future community events.

The farmers obtained desired health information as they received health education in their own community. This method established a new network for healthcare delivery and identified farmers needing immediate healthcare.

Conclusions

This unique educational model was viewed as a success in educating both

the baccalaureate nursing students and the farmers in their own communities. The success can be attributed to the development of a community-based model for nursing education that can be used in rural settings across the United States. Four important lessons were learned:

1. Nurse educators must shift their thinking from a traditional mode and consider new sites for nursing education. Students can interact with the public in numerous diverse settings, and educators must be alert for and capitalize on these opportunities.
2. Nurse educators must share the role of teacher with others. This project demonstrated a blending of roles between the key players—for example,

farmers became teachers for the students as they shared their stories.

3. Collaboration is a useful but time-consuming skill for all the players.
4. Health-promotion activities are enhanced when the nurse establishes a presence in rural communities and meets the community members wherever they gather.

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