



Migrant Health Education in the Vista Hermosa Community  
 Megan Baker  
 Faculty Mentor: Dr. Tracy Andrews  
 Central Washington University Department of Anthropology



**Abstract**

Although there is a gap in health education in migrant and other under-served populations, very few programs have been established to address the problem. This research highlights areas in which health education is lacking and provides suggestions on how to address these issues. Health education programs present in the migrant community living in the Vista Hermosa community in Prescott, WA and are compared to other migrant communities and regional cities. The public health committee and members of the Broetje family were interviewed to examine the current health education available in the Vista Hermosa Community. Over half of the community has attended either one or both of the health fairs offered by the public health committee in the past year, thus it is important to consider the content and scope of education materials provided for community members.

**Background**

**Migrant Community Difficulties Accessing Healthcare:**

- Rigorous work schedules, no permeant address, financial strain, and cultural/language barriers.
- Limit the effectiveness of health care and educational programs.

**Current Programs:**

- Some federally funded health educational programs.
  - Not always available
  - Do not always address migrant health.

**Vista Hermosa Community Background**

**Community Size:**

- Established in 1990: 121 single family homes and apartments
- Now provides homes for 700 seasonal and year-round workers

**Programs Available:**

- Early learning center, Vista Hermosa Elementary school, health education programs, and many more
- Public Health Committee (Established in 2012).



**Methods**

**Interviewees: Members of the Public Health Committee**

- Current health education programs were identified
- Suggestions for improving the programs were gathered.
- Programs in the community were compared to other communities.
- Interview responses were analyzed using theme analysis.

**Results**

**Emergency Room Usage as Primary Healthcare**

- Before programs were present 70% of population used ER as primary care
- After programs, ER use has decreased significantly

**Health Education Programs Available in the Community**

- Health clinic, Promatora program, community health fairs, health and wellness workshops

**Health Issues Found to be Present in the Community**

- Obesity, diabetes, dental issues, hypertension, alcohol abuse, and cancer.

**Health Behavior Based on Gender**

- Women tend to be more health conscious.
  - Seek out health information
  - Diagnosed quicker and interested in preventative healthcare
- Men concerned about health once ill
  - Fear of being diagnosed
  - Seek out health information only when they feel it is necessary

**Health Behavior Based on Age**

- Health of children is prioritized
- Older generations, career takes precedence over health.



**Themes**

**Health Education Impact on Community Health**

- Programs need to make information accessible
  - Relevant programs within walking distance
- Multilevel programs needed to create options
  - Health fair and workshops provide basic information.
  - Promatora acts as link between community and practitioners.
  - On site health clinic allows for immediate health attention.
- Services provided to decrease instances of illness.
  - 125 free flu vaccines, 700 free adult general vaccines, 850 diabetes test administered and applied pediatric dental sealants at health fairs alone.

**Comparison of the Health Education to Other Migrant Communities and Regional Cities**

- Programs are tailored to needs of the community
- Health information is always being circulated.
- Over half of the population has attended at least one health fair.
  - Attendance expectation is 25-49% of a community depending on services offered according to United Healthcare
- Programs are always looking to grow to address demand.

**Improvement Goals for the Future**

- Health educational programs available in the workplace.
- Further develop nutrition programs.
  - Address myth that nutrition means lose weight
- Continue to work with community to understand what programs would be successful.

**Conclusion**

The health education programs in the Vista Hermosa Community have resulted in positive outcomes, such as reducing the use of the emergency room as primary care by increasing awareness of what illnesses can be treated in clinic and what illnesses require immediate attention. Health Fair attendance in the community exceeded the projected attendance. Programs in the community are tailored to the specific needs of the community in hopes of increasing the draw to the health education programs. Further research should seek to examine health seeking behavior in the community which can be used to shape programs in the community.

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**References**

First Fruits of Washington  
 N.d. Be the Fruit...the Fruit that Will Last: Serving our Employees. <http://www.firstfruits.com/Fruit-that-will-last.html> Accessed April 14, 2015.  
 Wakins, E. L., et al.  
 1990 A Model Program for Providing Health Services for Migrant Farmworker Mothers and Children, Public Health Reports 105(6): 567-575.  
 Glanz, Karen, with Barbara K. Rimer and K. Viswanath  
 2008 Human Behavior and Health Education: Theory, Research and Practice, ed 4. Hoboken: John Wiley & Sons, Inc.