Challenges in Community-based Research With Latino Migrant Farmworker Children and Families

Jill F. Kilanowski, PhD, RN, APRN, CPNP, FAAN

KEY WORDS
Community-based research, migrant farmworkers, Latino

Section Editor
Rita H. Pickler, PhD, RN, PNP-BC, FAAN
Center for Professional Excellence
Cincinnati Children's Hospital Medical Center
Cincinnati, Ohio

Jill F. Kilanowski, Associate Professor, Michigan State University, East Lansing, MI.

Funding was provided by the Marshfield Clinic Research Foundation Mini Grants, American Nurses Foundation, Sigma Theta Tau International The Honor Society of Nursing Small Grants, NAPNAP Foundation, and Frances Payne Bolton School of Nursing, Case Western Reserve University, Dean's Discretionary Funds & Small Grants, the National Institute for Nursing Research (NINR), National Institutes of Health (NIH; 1 F31 NR009443-01), Ruth L. Kirschstein National Research Training Award (NIH NINR P30NRO10676), NIH and National Center for Research Resources (NCRR; UL1 RR024989 & KL2RR024990). The contents of this article are solely the responsibility of the author and do not necessarily represent the official view of NCRR or NIH.

Conflicts of interest: None to report.

Correspondence: Jill F. Kilanowski, PhD, RN, APRN, CPNP, FAAN, Michigan State University, 1355 Bogue St, East Lansing, MI 48824; e-mail: jill.kilanowski@gmail.com.

J Pediatr Health Care. (2014) *28*, 461-465.

0891-5245/$36.00

http://dx.doi.org/10.1016/j.pedhc.2014.05.008

Migrant and seasonal farmworker labor supports the U.S. fruit and agricultural industry, with estimates of the workforce standing at 1 to 3 million (documented and undocumented) and 72% being foreign-born (68% with nativity in Mexico [National Center for Farmworker Health, 2012; U.S. Department of Agriculture, 2013]). Of these workers, 58% are married, 51% of those married are parents, and 69% have more than one child, with an average of two children per family (U.S. Department of Labor, 2010). The exact number of children who travel with their families is unknown, but enumeration studies conducted in Michigan and Oregon show that there are approximately 14,800 youth in migrant/seasonal farmworker families who are younger than 19 years in Michigan (66% age 12 years and younger) and 55,000 in Oregon (72% age 12 years and younger; Larson, 2013a, 2013b).

Recommendations from the American Academy of Pediatrics emphasize research as an agent of change to improve the health of children, especially community-based research (Duggan, Jarvis, Derauf, Aligne, & Kaczorowski, 2005). Community-based research can address health disparities in vulnerable populations, such as migrant farmworker children, and considers social context with ecological factors that influence individual health and health behaviors. When a vulnerable group is the target enrollment population, an ethical researcher remembers that a difference exists in the conduct of research *with* any vulnerable population, compared to *on* a vulnerable population. The semantics of these two words (*with* versus *on*) may imply partnership compared with exploitation. Migrant children may experience a broad range of health problems (e.g., exposure to pesticides), as well as psychosocial issues related to their itinerant lifestyle, such as being apart from extended family, disruption in school attendance, living in temporary housing in agricultural work camps, adapting to a new culture, and facing stigmas of not being a citizen (Council on Community Pediatrics, 2013). Community-based research may help address resulting health disparities; however, conducting community-based research with a migrant population has its challenges. A review of the literature and shared anecdotal experiences by researchers who study migrant farmworker children and their families reveal common difficulties and challenges. Lessons learned will be shared here.

Any investigator who engages in community-based research with migrant farmworkers as the research participants must first acknowledge that entry into the community comes with "baggage," both positive and negative, that includes the community's previous experience with researchers and the research process (Wallerstein & Duran, 2006). These past experiences can encourage participants to enroll in studies, acknowledging the benefits to self, neighborhood, and society, or they can dissuade participants.

In community-based research, there is naturally a relationship between the researcher and partners. Community stakeholders may have a vested interest in the success of the project and the direction of results and may become disenfranchised when outcomes are unexpected. Researcher bias must be minimized and objectivity must be maintained. Gatekeepers will have access to the community and its agencies and must be identified for participant recruitment. Letters of access from agencies may or may not satisfy the Institutional Review Boards for the Protection of Human Subjects, and a Federalwide Assurance form may need to be completed. The Federalwide Assurance document represents an institutional commitment to comply with regulation 45 Code of Federal Fegulations (CFR) part 46 of the Office of Human Research Protection of Human Subjects, Department of Health and Human Services (U.S. Department of Health and Human Services, 2014). It may be best for the researcher to complete the form together with the responsible community agent.

In accordance with regulations on the protection of human subjects with regard to consent forms, as well as all other research documents viewed by participants, translation into Spanish or Spanish dialects (or other languages spoken by research participants) is necessary. However, some indigenous languages spoken by migrants may not have a well-recognized written language. Some institutions require the translator to be certified by either a university program or professional organization. Translating a document into another language is not only done word by word; the intent and cultural sensitivities need to be reflected as well (Hendrickson, 2003). All translated documents then need to be translated back into the original language and compared for differences, with any necessary corrections being made. Survey questions with audio-enhanced voice files on tablets have demonstrated good data quality, and using voice files to "speak" to participants decreases the number of bilingual research team members needed at data collection sites (Kilanowski & Trapl, 2010; Kilanowski, Trapl, & Kofron, 2013). Depending on the sensitivity of the data collected, an additional consideration with consent forms is obtaining a Certificate of Confidentiality (COC). A COC is an additional form that protects participants' anonymity by preventing any research data or records from being subpoenaed. A COC is issued when two criteria are satisfied: (a) the research is of a sensitive topic and (b) protection is needed to achieve the objectives of the research (U.S. Department of Health and Human Services, 2014). In the current climate of immigration policies, migrant parents who are considering enrolling their children of U.S. citizenship in a research intervention may be reluctant to do so for fear of their entry status into the country being discovered. A third consideration, transportation of confidential data, should also be an important issue for researchers because data that are collected in remote areas are brought back to the university. Inquiring into data transportation policies of the Institutional Review Boards at the university is necessary.

Methodologic questions about research design may arise in the initial phases of the research project. In the vulnerable population of migrants, using a randomized sample framework to classify one group as not receiving the health intervention may be difficult, in both a practical sense because of the physical distribution of potential participants, but also in a moral sense because the need for health promotion activities is so great.

The selection of study personnel should be carefully contemplated because establishing trust in any community research endeavor is essential for the achievement of study aims. Community trust in unknown personnel may be achieved when the personnel first serve as volunteers in community activities, enabling relationships to be established, but this process can be time-consuming. For the process of data collection and delivery of the intervention, investigating if lay community outreach workers are available to be employed can be worthwhile (Amendola, 2013; Sanchez, De La Rosa, & Serna, 2013). Employing persons for the research team

Employing persons for the research team who are already known to the community facilitates trust between researchers and participants, which can only aid in recruitment, enrollment, and retention.