

Convivencia y conversación: Tools for reducing stress and fostering emotional well-being among Latino farmworkers

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Medical Center™



Objectives

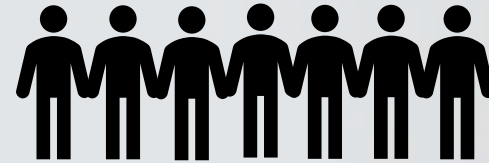
1. Discuss common stressors among farmworkers and cultural aspects of coping and resilience, including convivencia and conversación
2. Highlight the Bienvenido (Welcome) program
3. Share results about our experience in implementing the Bienvenido program



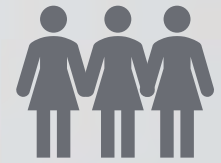
Agricultural worker demographics

2.4 million

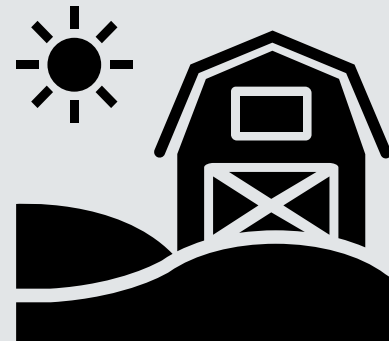
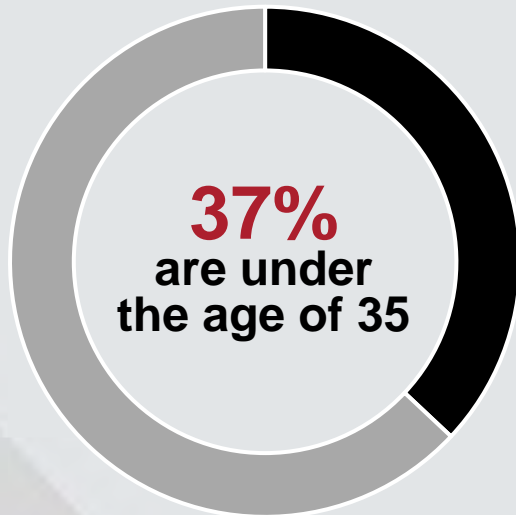
estimated farmworkers in
U.S. ¹



66% Male



34% Female

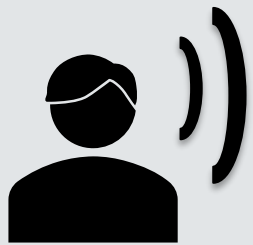


265,600 youth
are hired to work
on farms²

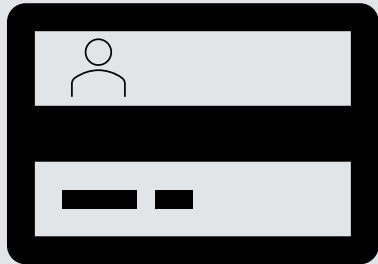
1. National Agricultural Workers Survey (NAWS) 2019-2020.
https://www.dol.gov/sites/dolgov/files/ETA/naws/pdfs/NAWS_Research_Report_16.pdf
2. National Children's Center for Agricultural Safety and Health. (2022). *2022 Fact Sheet Childhood Agricultural Injuries*.
https://marshfieldresearch.org/Media/Default/NFMC/National%20Childrens%20Center/2022_Child_Ag_Injury_Fact_Sheet.pdf



Agricultural worker demographics



62% Spanish language dominant¹



44% without work authorization¹

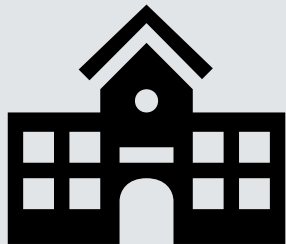
66% foreign born²



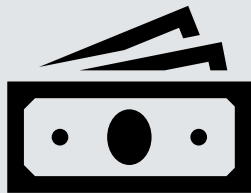
1. National Agricultural Workers Survey (NAWS) 2019-2020. https://www.dol.gov/sites/dolgov/files/ETA/naws/pdfs/NAWS_Research_Report_16.pdf

2. USDA. (2022). Farm labor. <https://www.ers.usda.gov/topics/farm-economy/farm-labor/>

Agricultural worker demographics



Average education =
9th grade



Mean and medium individual income ranged from **\$20,000-\$24,999**; Mean and median family income ranged from **\$25,000-\$29,999**



20% of farmworker families had total family incomes below 100% of the Federal Poverty Level



52%

reported not having health insurance



35% had not visited a U.S. healthcare provider in last 2 years



Immigrants in agriculture

Immigrants represent a significant portion of the agricultural labor force. They have been deemed a “vulnerable” worker population by NIOSH.

Below are some of the factors affecting immigrant workers' occupational health:

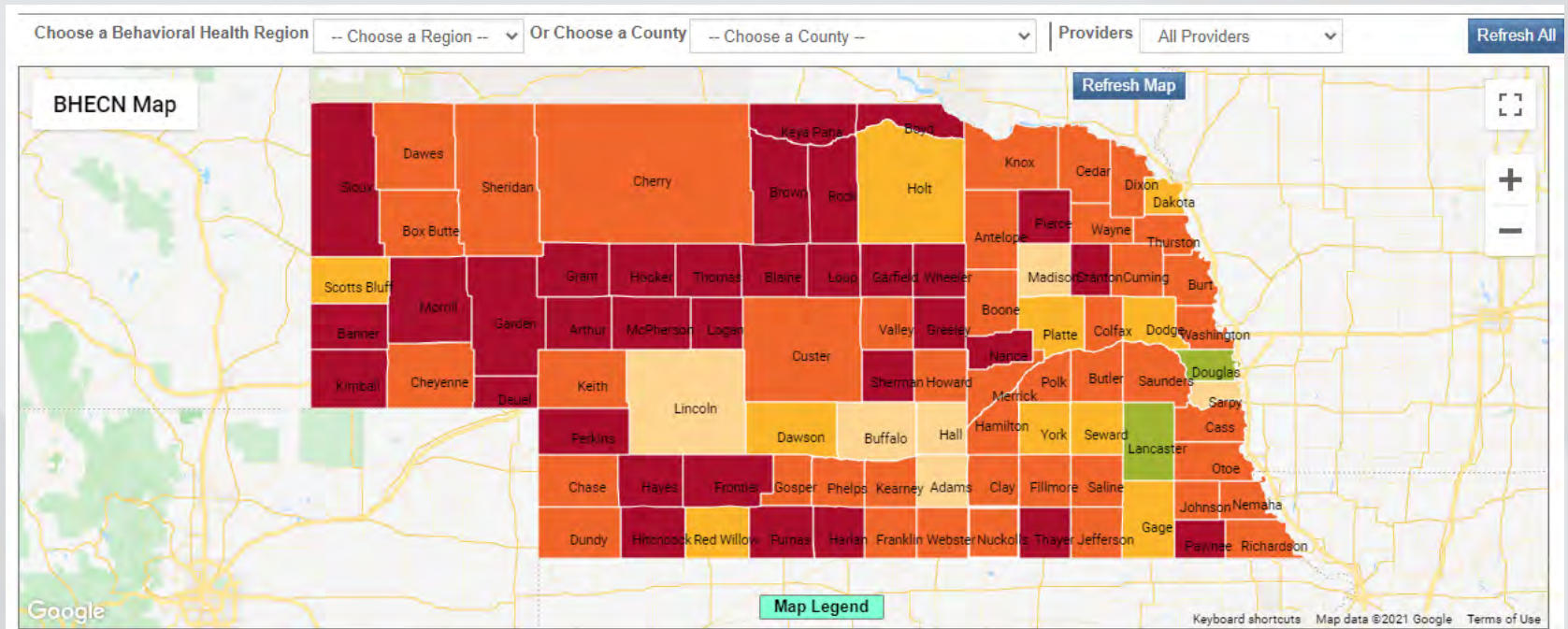
- Hazardous work: dangerous conditions, high demands, long hours, inadequate rest, time pressure, and repetitive tasks
- Little or no safety training or personal protective equipment
- Low levels of formal education and literacy
- Poverty
- Language, cultural, and logistical barriers
- Discrimination and immigration-related fear
- Inadequate knowledge of labor rights and reluctance to speak up about unfair treatment or hazardous conditions



Nebraska behavioral health workforce



88 of Nebraska's 93 counties are designated mental health shortage areas by the U.S. Health Resources and Services Administration





Farmworker stress

In Nebraska:¹⁻²

- Over 45% of migrant farmworkers in Nebraska were depressed.
- Health and economic stressors were positively associated with depression.
- Both stress and depression are positively associated with occupational injury.

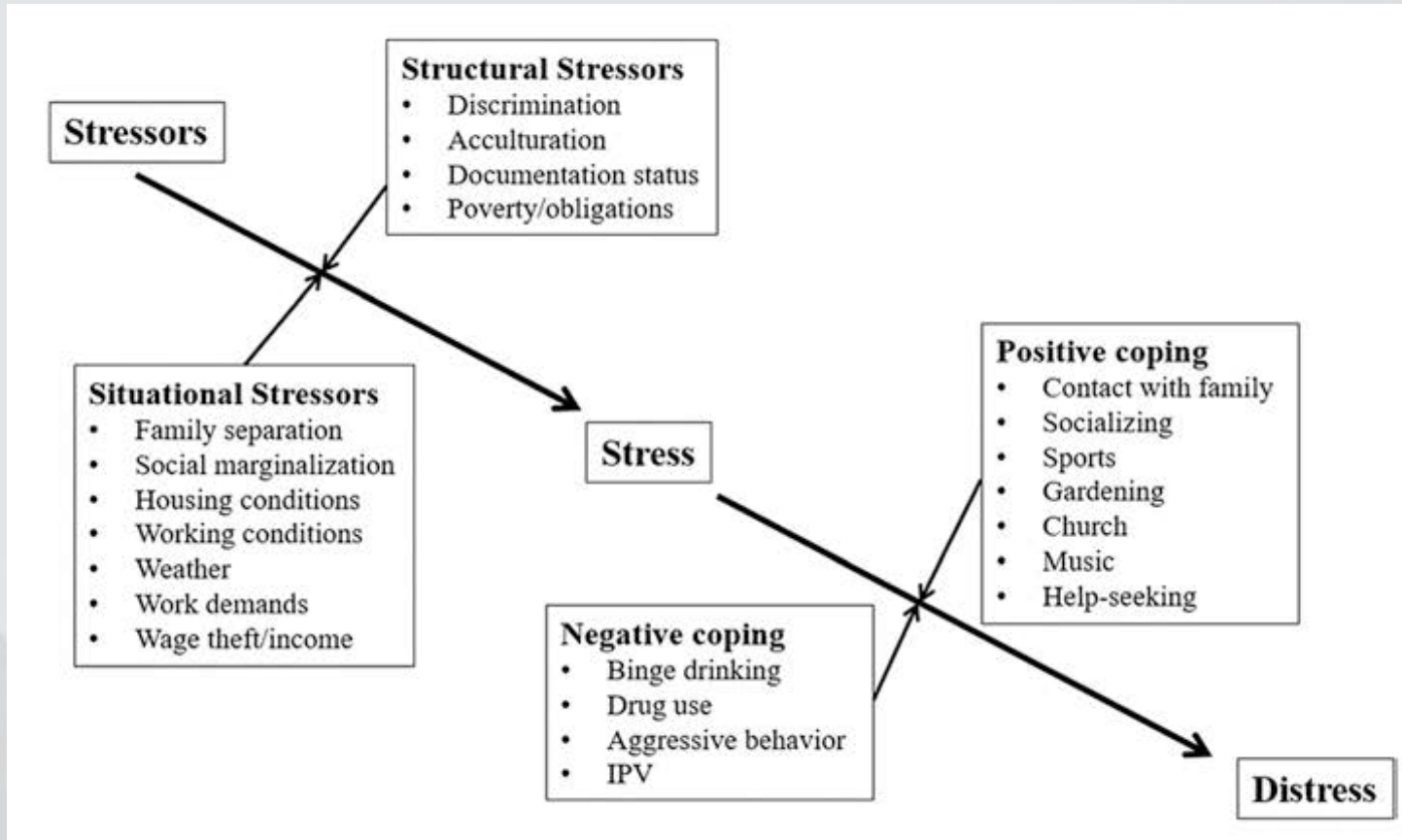
From NAWS:³

- The prevalence of elevated depression symptoms (EDS) was 8.3% in men and 17.1% in women.
- For men: Years of education, family composition, having a great deal of difficulty being separated from family, having fair or poor general health, ability to read English, fear of being fired from their current farm job, and method of payment (piece, salary, or a combination) were associated with EDS.
- For women: Fear of being fired, fair or poor general health, having children ≤ 15 years of age, being unaccompanied by their nuclear family, expectation for length of time continuing to do farm work in the United States, and authorization status were associated with EDS.

1. Ramos, A.K., Su, D., Lander, L., & Rivera, R. (2015). Stress factors contributing to depression among Latino migrant farmworkers in Nebraska. *Journal of Immigrant and Minority Health*, 17, 1627–1634.
2. Ramos, A.K., Carlo, G., Grant, K.M., Trinidad, N., & Correa, A. (2016). Stress, depression, and occupational injury among migrant farmworkers in Nebraska. *Safety*, 2(4), 23.
3. Alterman, T., Grzywacz, J.J., Muntaner, C., Shen, R., Gabbard, S., Georges, A., Nakamoto, J., & Carroll, D.J. (2018). Elevated depressive symptoms among hired crop workers in the United States: Variation by sociodemographic and employment characteristics. *Rural Mental Health*, 42(2), 67–68.



Conceptual model of stress process for farmworkers



Furgurson, K. F. & Quandt, S. A. (2020). Stress and distress: Mental health among Latinx farmworkers in the eastern United States. In T. A. Arcury & S. A. Quandt (Eds.), *Latinx farmworkers in the eastern United States* (pp. 83-106). Springer Nature.

Migrant farmworker stress & mental health



Table 3. Regressions Predicting Psychological Measures From the Migrant Farmworker Stress Inventory Factor Scores and Selected Demographic Variables (N = 125)

Predictors	Psychological Measure					
	Anxiety-PAI (Multiple Regression)		Depression-CESD (Multiple Regression)		Alcohol Dependence-CAGE† (Logistic Regression)	
	β	<i>P</i>	β	<i>P</i>	Exp (B)	<i>P</i>
Factor 1. Legality and Logistics	.116	.324	.131	.263	.988	.965
Factor 2. Social Isolation	.297	.002*	.217	.022*	1.321	.210
Factor 3. Work Conditions	.247	.005*	.325	.000*	1.104	.615
Factor 4. Family	-.089	.296	.001	.991	1.308	.172
Factor 5. Substance Abuse by Others	-.113	.185	-.127	.138	.899	.589
Years lived in the United States	-.169	.124	-.158	.152	1.705	.315
Education	.141	.139	.205	.032*	1.919	.145
Spouse in the United States	.299	.218	.241	.319	.515	.636
Child in the United States	-.179	.460	-.150	.536	1.762	.671

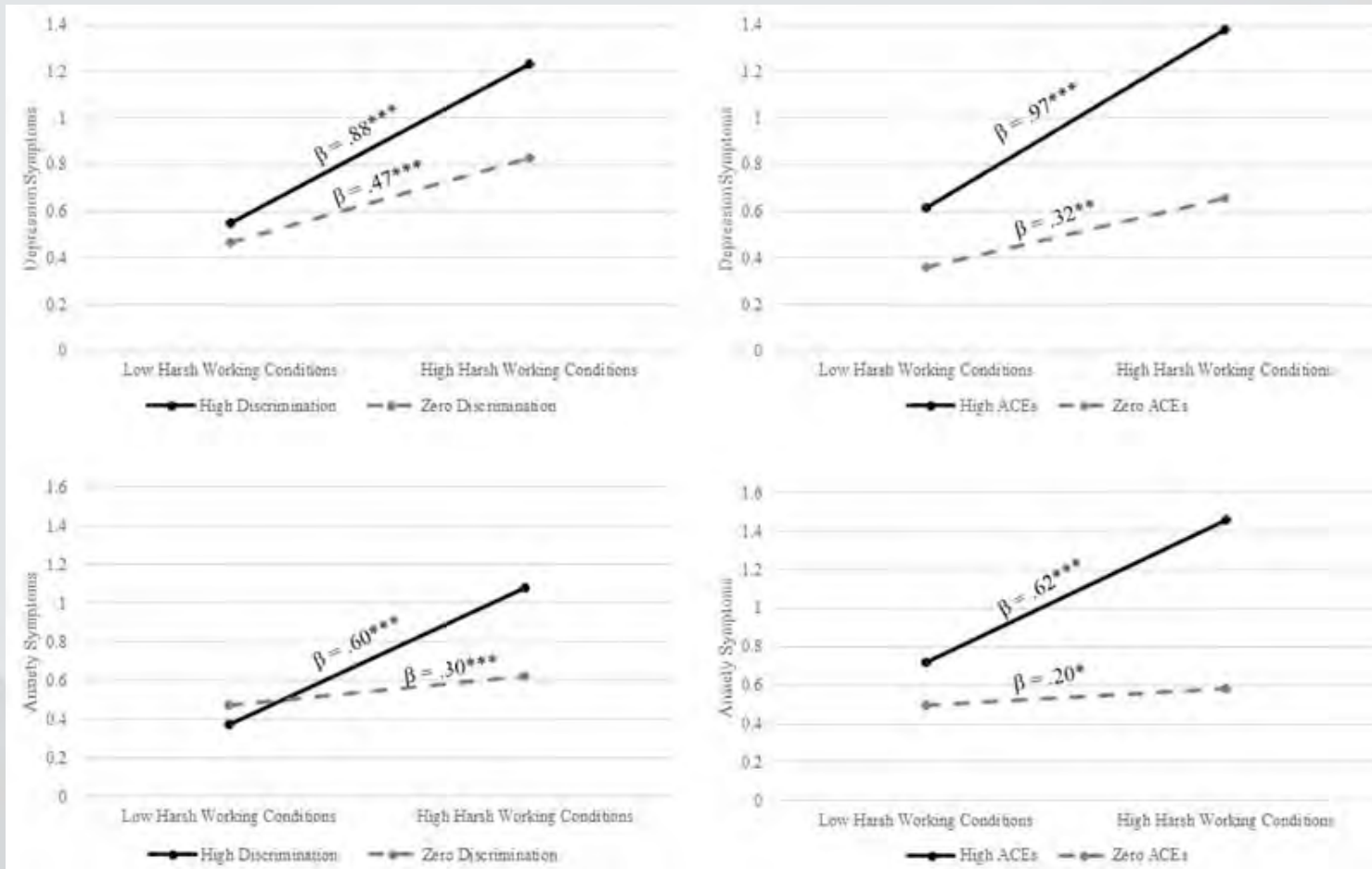
*Significant *P* values.

†Alcohol dependence Indicator (1) indicates has alcohol dependency.

“Learned helplessness”



When you can't avoid or escape stressors, you make fewer attempts to do so in the future; thereby potentially increasing negative experiences.



Andrews, A.R., Haws, J.K., Acosta, L.M., Acosta Canchila, M.N., Carlo, G., Grant, K.M., & Ramos, A.K. (2020). Combinational effects of discrimination, legal status fears, adverse childhood experiences, and harsh working conditions among Latino migrant farmworkers: Testing Learned Helplessness framework. *Journal of Latinx Psychology*, 8(3), 179-201.





Best practices

- Promote wellness
- Reduce stigma associated with mental health
- Build community capacity
- Outreach and education strategies
- Peer-to-peer strategies
- Family-based psychoeducational curricula
- Co-locate services



Aguilar-Gaxiola, S., Loera, G., Méndez, I., Sala, M., Latino Mental Health Concilio, & Nakamoto, J. (2012). Community-defined solutions for Latino mental health care disparities: California reducing disparities project, Latino strategic planning workgroup population report.

<https://health.ucdavis.edu/crhd/pdfs/resources/community-defined-solutions-latino-mental-health-care-disparities.pdf>



Convivencia: **Not just “coexistence”**

- “Expresses the dynamic and interactive concept of living harmoniously in human groups”
- “The art of living together”
- “Active sharing of space and time, complemented with intentions, actions, and forms of interpersonal interaction that produce and affect the collective climate of relationships and the affective and emotional well-being of individuals”



Conversación

Conversation and dialogue are important tools for working with collectivistic cultures.

- *Dialogo* (constructive dialogue)
- *Testimonio* (sharing personal experiences)
- Popular education techniques



Recognizes and fosters community cultural wealth and resiliency through different forms of “capital”:

1. Aspirational
2. Linguistic
3. Familial
4. Social
5. Navigational

<u>CUALIDADES</u>	<u>NECESIDADES</u>
<div data-bbox="297 491 432 539" data-label="Section-Header"> <p>FAMILIA</p> </div> <div data-bbox="297 548 459 676" data-label="List-Group"> <ul style="list-style-type: none"> - Union - Confiianza - Amor </div>	<ul style="list-style-type: none"> - Dialogo - Comunicaci3n - Respeto - Economia
<div data-bbox="297 819 490 905" data-label="Section-Header"> <p>AMIGOS Y COMPAÑEROS</p> </div> <div data-bbox="278 919 568 991" data-label="List-Group"> <ul style="list-style-type: none"> - Desarrollo Personal - Apoyo </div>	<ul style="list-style-type: none"> - Practicar algun deporte





Overview: Bienvenido program

Educational strengths-based curriculum on emotional well-being, adjustment, and integration

Overall goal: To help participants attain a higher quality of life and develop strengths to reduce emotional risks and behaviors associated with poor mental health



Vision
(Knowing)

Virtues
(Being)

Vocation
(Doing)



Overview: Bienvenido program

Intervention elements are responsive to Latino cultural norms:

- Program designed to be conducted in Spanish (not translated into Spanish) through face-to-face interactions
- Group process
- Addresses migration-related stressors, potential coping mechanisms, and community resources
- Intervention conducted at housing site (reduces fear of using public services, challenges with transportation, potential negative community experiences)
- Use of *charlas* and *platicas*, rather than didactic procedures
- Inclusion of strategies to promote social support, group belonging, and cultural values such as *personalismo*, *familismo*, and *colectivismo*



Overview: Bienvenido program

Lesson #	Objective
1	Describe what is good emotional health
2	Understand positive personal qualities and set goals
3	Understand anger, causes of anger, and physical changes associated with anger in the body
4	Recognize different communication styles and how to express oneself in a positive manner
5	Understand how fun contributes to good emotional health
6	Describe risk and protective factors and identify supports within the community
7	Discuss the process of acculturation
8	Discuss how to promote positive emotional health within the family
9	Reflect on the use of alcohol, tobacco, and other drugs within the context of acculturation

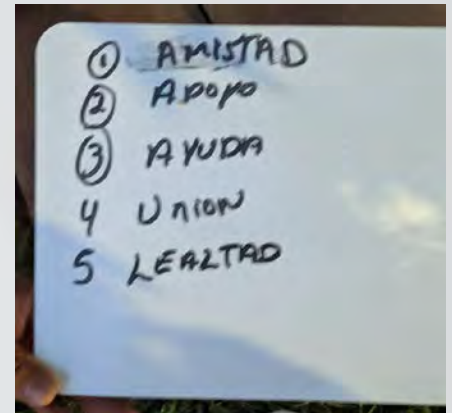


Bienvenido implementation

Condensed curriculum from 9 sessions into 5 sessions across 2-3 weeks

- Facilitated in July-August 2022 outside farmworker housing sites and at a park
- Brought a meal or refreshments for each session
- Sessions lasted approximately 1.5-2 hours after work
- Conducted in Spanish
- Provided \$60 cash to individuals who completed the program (i.e., attended 4 of 5 sessions)

Had 85 participants start the program; 49 complete the program; and 27 current in the program



Participant characteristics (n=85)



Variable	N (%)	M (SD)
Sex		
Male	84 (98.8)	
Female	1 (1.2)	
Age		38.0 (13.8)
Years worked in agriculture		15.3 (11.1)
H-2A worker	60 (70.6)	
Country of origin		
Mexico	81 (97.6)	
United States	2 (2.4)	
Relationship status		
Married/partnered	58 (69.0)	
Single	20 (23.8)	
Other	6 (7.2)	
Education		
None	4 (4.7)	
Elementary	15 (17.6)	
Middle school	27 (31.8)	
High school	29 (34.1)	
Technical school, some college, or University	10 (11.8)	
Limited English proficient	69 (93.2)	











Evaluation measures

- SELF-ESTEEM: Rosenberg Self-Esteem Scale (10 items)
- LIFE SATISFACTION (1 item)
- SOCIAL SUPPORT: Social Provisions Scale (10 items)
- GROUP BELONGINGNESS: General Belongingness Scale, Acceptance/Inclusion subscale (6 items)
- PERCEIVED STRESS: Perceived Stress Scale (4 items)
- MENTAL HEALTH: Patient Health Questionnaire (4 items)
- COPING: Brief COPE, Active coping & Positive reframing subscales (4 items)
- HELP SEEKING: General Help Seeking Questionnaire (1 item)
- MENTAL HEALTH KNOWLEDGE (9 items)
- MENTAL HEALTH STIGMA: Stigma-9 (1 item)
- SUBSTANCE USE: AUDIT-C (3 items), Current smoking (1 item), and DAST (1 item)



Preliminary 2022 results

Significant positive change in problem-focused coping strategies.

Coping strategy	Pre-program M (SD)	Post-program M (SD)	<i>p</i>
Active coping*	6.19 (1.91)	7.11 (1.46)	.003
Positive framing*	6.21 (1.94)	6.96 (1.44)	.006



Preliminary 2022 results

Significant changes in reported in seeking help from specific sources

Source	Pre-program <i>n</i> (%)	Post-program <i>n</i> (%)	<i>p</i>
Partner	58 (68.2)	40 (85.1)	.07
Friend*	37 (43.5)	29 (61.7)	.01
Parent*	56 (65.9)	39 (83.0)	.00
Other family member	37 (43.5)	27 (57.4)	.17
Mental health professional*	15 (17.6)	15 (31.9)	.02
Telephone Helpline	6 (7.1)	3 (6.4)	--
Healthcare provider*	17 (20.0)	21 (44.7)	.01
Religious leader	4 (4.7)	5 (10.6)	.69
Coworker/supervisor	17 (20.0)	13 (27.7)	.11
Other	2 (2.4)	1 (2.1)	--
Will not seek help	2 (2.4)	0 (0.0)	.50



Preliminary 2022 results

Variable	Pre-program <i>n</i> (%)	Post-program <i>n</i> (%)	<i>p</i>
Mental health is an important part of general health and wellbeing.	83 (97.6)	45 (95.7)	--
Mental illnesses are very common.*	62 (72.9)	44 (93.6)	.01
A bad mental health increases the risk of having other illnesses like heart disease, stroke, and cancer.	69 (82.1)	43 (93.5)	.45
Mental illnesses have treatments.	84 (98.8)	45 (95.7)	--
The process of adapting to a new place can be very stressful.	66 (78.6)	39 (83.0)	--
Stress can make you feel bad mentally, physically, or emotionally and limits doing things in your day to day.	75 (88.2)	43 (91.5)	--
Exercise and a healthy diet can help manage stress.	83 (98.8)	44 (93.6)	.63
The consumption of alcohol and tobacco can increase the levels of stress in your body.*	69 (82.1)	46 (97.9)	.04
Good communication can help better relationships with family, friends, and coworkers.	85 (100.0)	45 (95.7)	.50



Preliminary 2022 results

Participants provided feedback on program:

- Liked: Conversation topics, ability to share experiences, friendliness of facilitators, food, and time to relax
- Disliked: Program was too short and ended quickly
- Most important: *Convivir* with coworkers, strategies for dealing with problems, communication, respect, managing anger, substance use, and mental health



“I liked the conversation and the way we were able to convivir with our coworkers.”

“You made me feel happy, in harmony, and recognize the value of convivencia with my coworkers and with the Bienvenido team.”

“It has made me think in another way. It has made me express myself in another way with friends and family.”



Discussion

Stress and emotional health are critical issues to address; particularly in the Latino immigrant farmworker community.

Convivencia and *conversacion* are important elements to build trust and foster cultural bridges to address mental health and stress concerns among this worker population.

Programs like Bienvenido are culturally-responsive, relevant, and linguistically appropriate. These types of programs may assist workers in understanding more about emotional well-being, engage in positive coping and help seeking behaviors, and enhance relationships among workers.

Partnerships with farmworker-serving organizations are vital to being able to provide services and resources that align with assets and needs of the farmworker population.

We are optimistic about the opportunities associated with the Bienvenido program in this vulnerable worker population.



Our team

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- Marcela Carvajal-Suarez, MPH
- Rodrigo Gamboa, BS
- Maria Jose Sanchez Roman, MD, MPH
- Priscila Soto Prado, MPH
- Natalia Trinidad, MPH





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- Central States Center for Agricultural Safety and Health
- Nebraska Migrant Education Program
- Proteus, Inc.



**North Central
Farm and Ranch
Stress Assistance Center**

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Questions & conversation

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