FARMWORKER JUSTICE

HEALTH POLICY BULLETIN

Policy in Action to Promote Access to Behavioral Health in Agricultural Worker Communities

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Policy Update: Expanding Access to Teletherapy in Rural Communities

By Sarah Anderson, Legal Fellow, Farmworker Justice

Agricultural workers face severe mental distress yet they are not receiving the treatment they need. According to the Centers for Disease Control and Prevention (CDC), agricultural workers rank third in occupations at risk of suicide.[1] One study found that 52 percent of agricultural workers in North Carolina experience depression and 16.5 percent experience anxiety.[2] Some of this disparity is a result of cultural factors that prevent individuals from seeking help, but mostly, this disparity is due to lack of access to services. Sixty percent of rural Americans live in areas with a shortage of mental health professionals.[3] In recent years, national attention has turned to the mental health risks that farm owners face, but agricultural workers' risks are serious and deserving of a national discussion and solutions.

Senators Tammy Baldwin (D-WI) and Joni Ernst (R-IA) passed the "Facilitating Accessible Resources for Mental Health and Encouraging Rural Solutions For Immediate Response to Stressful Times (FARMERS FIRST) Act" in the 2018 Farm Bill. The reform provides competitive grant funding through the U.S. Department of Agriculture to state departments of agriculture, state extension services, non-profits, and tribes to establish helplines and websites, provide suicide prevention training for farm advocates, create support groups, and reestablish the Farm and Ranch Stress Assistance Network (FRSAN), which helps connect individuals engaged in agricultural occupations to stress assistance programs. While the initiative was not fully funded in 2019, the Senators planned to increase funding for this initiative by $8,000,000 in the 2020 budget.

The Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) offer a training on their websites for rural health clinics to integrate tele-behavioral health programs into their services.[4] HRSA also coordinates the Evidence-Based Tele-Behavioral Health Network Program that provides funding to increase access to behavioral health in rural areas through the use of telehealth networks.

Telehealth and teletherapy programs help fill the provider gaps left in agricultural worker communities. However, the expansion of telehealth and teletherapy must consider issues such as cultural sensitivity and capacity to communicate in an individual's primary language to ensure the effectiveness of the services. In 2018,
(Continued on page 2)

1. Cook, Christina, For Farmworkers Facing Debilitating Depression, is Teletherapy a Solution?, CIVIL EATS (Feb. 4, 2020).

2. Crain, et. al. Correlates of Mental Health Among Latino Farmworkers in North Carolina. J Rural Health, 28 (3), 277-285. (2012)

3. NATIONAL INSTITUTE OF MENTAL HEALTH, Mental Health in Rural America: Challenges and Opportunities (May 30,2018), https://www.nimh.nih.gov/news/media/2018/mental-health-and-rural-america-challenges-and-opportunities.shtml.

4. SAMHSA-HRSA Center for Integrated Solutions, Telebehavioral Health Training and Special Assistance, (last visited Feb. 7, 2020), https://www.integration.samhsa.gov/operations-administration/telebehavioral-health.

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(Continued from page 1)

Farmworker Justice wrote a report on opportunities and strategies to expand telehealth in agricultural worker communities with Harvard's Center for Health Law and Policy Innovation.[5] For more information about FJ's telehealth report, contact Rebecca Young at ryoung@farmworkerjustice.org.

Women Farmworkers and Healthcare: An Integrated Care Approach to the Effective Delivery of Healthcare Services (Spotlight on Greene County Health Care)

By Dr. Francisco Limon, Chief Integrated Care Services Officer, Greene County Health Care

According to a study conducted in 2010,[6] poverty is a major hazard for farmworker health. Male farmworkers earn an average of $16,250 dollars per year whereas female farmworkers' average annual wages are just $11,250.[7] Given that female farmworkers (FFWs) are at a greater financial disadvantage, FFWs' health should be a top priority for healthcare providers serving this population. Food insecurity, social and economic discrimination, anxiety and depression, and geographic and social isolation are some of the ills that plague FFWs.[8] Geographic and social isolation renders farmworkers invisible in the communities where they live and work and severely restricts farmworkers' access to healthcare. For FFWs specifically, access to reproductive health is a major issue; there are no specific laws protecting FFWs' right to healthcare during pregnancy.[9] Pregnant FFWs usually work under very harsh conditions and are not allowed time off for adequate prenatal care.[10]

Female farmworkers very often have to leave their young children in the care of relatives. In my experience working with FFWs at Greene County Health Care in Eastern North Carolina, I have found that many women report a deep sense of guilt for leaving their children behind, fear of the children's vulnerability when they are not under their mother's direct care, and severe marital distress when they don't travel for work with their spouses, which often leads to separation. Many women also report that once working in the fields, they experience sexual violence and harassment on a regular basis; yet most opt not to report these incidents because of their vulnerability due to power differentials between themselves and their perpetrators.[11] Many FFWs who travel alone for work have reported that they have felt compelled to take a partner because when other men know they have a partner, the sexual violence and harassment is significantly less. They have also reported however, that these casual relationships often turn violent or result in little practical and financial support. For FFWs living with their families, traditional gender roles call for them to be the primary caretaker. In addition to working long hours just like their partners, they are also responsible for preparing food, cleaning the house, and tending to the children's needs.[12]

Agricultural worker harvesting grapes. Photo credit: iStock.

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5. Farmworker Justice, et. al, The Promise of Telehealth (March 2018), https://www.farmworkerjustice.org/sites/default/files/resources/Telehealth%20and%20CHWs_March%202018_updated_no%20bleeds.pdf.

6. Borre, K., Ertle, L., Graff, M. "Working to eat: Vulnerability, food insecurity, and obesity among migrant and seasonal farmworker families." American Journal of Industrial Medicine, 53(4), 443-462. (2010)

7. Association of Farmworker Opportunity Programs. "The Fields: The Hidden Faces of Farmworker Women." (2012)

8. Bail, K.M., Foster, J., Dalmida, S.G., Kelly, U., Howett, M., Ferranti, E.P., & Wold, J. "The impact of invisibility on the health of migrant farmworkers in the south-eastern United States: A case study from Georgia." Nursing Research and Practice. (2012)

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12. Kim, N.J.E., Vásquez, V.B., Torres, E., Nicola, R.B., & Karr, C. "Breaking the silence: sexual harassment of Mexican women farmworkers." Journal of Agromedicine, 21(2), 154-162. (2016)

Strawberry worker. Photo credit: Earl Dotter.

(Continued from page 2)

The heightened vulnerabilities and health risk faced by FFWs make it important for health care providers serving this population to have adequate systems in place to increase accuracy in the assessment of FFWs healthcare needs and the delivery of services. At Greene County Health Care, we have an integrated care services approach to meet the health needs of farmworkers. The team consists of medical primary care providers (PCP), dentists, two OBGYNs, one pediatrician, case managers, an outreach team, health insurance enrollment specialists, a medication assistance specialist, and a behavioral health team that provides brief assessment and intervention within the context of the medical visit as well as traditional psychotherapy.

The case managers routinely assess patients for difficulties with social determinants of health while the integrated behavioral health team assesses patients' mental health needs. Both teams debrief their findings to the medical providers as when such are relevant for the PCP's treatment plan. Both teams also make referrals to other in-house services or outside agencies. The outreach team is critical in making sure that farmworkers have access to health care. They routinely go to farmworker camps and to communities where farmworkers live; they provide basic health education, connect farmworkers with our clinics, provide transportation to and from appointments, and are at the front line of advocacy for FFWs. Our outreach team consists of bilingual-bicultural employees that we hire from the communities we serve. Most of the members of the outreach team have worked at our center between 10 and 20 years; therefore, they have very deep roots in those communities and enjoy the trust of community members. They are usually the first to identify FFWs who need assistance with either medical services or psychosocial support including acute illness, chronic illness management, events of intimate partner violence, sexual violence or harassment, issues with family functioning and other behavioral health issues.

It is through this interdisciplinary-integrated care approach that we have been able to identify and assist many FFWs with prenatal care, empower them to stand against sexual violence and harassment, extracted a few women from human trafficking rings, help them work through trauma, and improve family functioning. Our behavioral health providers have also been able to support and advocate for FFWs who have become entangled with child protection services, law enforcement, and to support them as they advocate for their children in school systems that are sometimes unprepared to adequately meet the needs of farmworkers.

To summarize, farmworkers in general are vulnerable to inequities in physical and mental health, however, these risks are significantly higher for female farmworkers. Whereas national policy is slow to change due to intricate political interests, rural and community health centers are in a unique position to address the physical and psychosocial needs of female farmworkers through innovative integrated care models like the one at Greene County Health Care. Given the geographic isolation inherent in agricultural work, outreach programs are critical for identifying FFWs' health needs. A network of well-integrated services including primary medical care, dental care, behavioral health, case management, healthcare insurance enrollment, and medication assistance can optimize healthcare delivery and drastically reduce health risks for FFWs.

EYE ON FARMWORKER HEALTH

A summary of important recent developments in research on issues affecting the health and safety of agricultural workers.

Improving Detection of Depression Symptoms in Latino Farmworkers: Latino Farmworker Affective Scale

Authors: Limon, F.; Lamson, A.L.; Hodgson, J.L.; Bowler, M.C.; Saeed, S.A.

Source: Hispanic Journal of Behavioral Science (2019) 41, 250.
doi:10.1177/0739986319831678

Previous research has found that poor Latinos in the U.S. have nearly twice the rate of mental health disorders of non-Latino whites. Depression symptoms in this group also tend to be more severe and longer-lasting. Earlier studies also suggest that Latino farmworkers (LFWs) are at especially high risk of depression and are less likely to seek treatment for it. Shortcomings in the quality of care Latinos receive for depression — partly stemming from deficiencies in primary care provider (PCP) training, partly from language and cultural differences — may also cause depression cases to remain undiagnosed. Reliance on alternative healers and folk remedies as well as unfavorable socioeconomic conditions further limit Latinos' use of mental health services. Lack of awareness of depression symptoms and the stigma associated with depression also prevent LFWs from seeking care.

The study's authors created a new depression screening instrument – the Latino Farmworker Affective Scale (LFAS-15) — to improve the detection of depression among LFWs. They proceeded to test this instrument to determine whether it would perform better than other commonly-used diagnostic tools, such as the Patient Health Questionnaire-9 (PHQ-9). The LFAS-15 was constructed using 15 Spanish words or short phrases often used by LFWs to describe thoughts and emotions associated with depression. This was intended to allow LFWs with low literacy to better understand the screening questions. The authors expected that the simplified wording would make the instrument more accessible and relatable to LFWs than the PHQ-9 and other similar instruments.

The study compared the results obtained in a group of participants using the LFAS-15, the PHQ-9, the CESD-10 (Center for Epidemiologic Studies Depression Scale), and the BSI-18 (Brief Symptom Inventory-18) to determine which instrument was most accurate to detect depression among LFWs when compared to the structured clinical interview for depression (SCID). These screening instruments assess for depression using somewhat different sets of symptoms as well as different scales.

The 99 participants were chosen from a group of primary care patients at a community health center and were recruited either at the health center or at a farm housing site. There were 88 male and 11 female participants with an average age of 38.44 years, who had worked in the U.S. an average of 11 seasons. Eighty-nine of the study participants lived in employer-provided housing. The participants were Latinos fluent in Spanish who had been employed as farmworkers or in a closely related job for the majority of their time in the U.S. To participate in the study, they had to live in the U.S. for less than 15 years to decrease the likelihood of acculturation issues acting as a confounding factor. Patients who were already under treatment for depression or who had other severe mental disorders were excluded from the study.

The 15 items in the LFAS-15 questionnaire were organized so that physical symptoms were presented first, e.g. those related to eating, sleeping, pain, etc., followed by negative symptoms such as "desganado" (lack of will to do anything) or "no me importa nada" (lack of interest in anything). Finally, positive symptoms associated with adverse emotions, thoughts and behaviors were presented. These included "con mal genio" (short temper), "desesperado" (without hope), and "nervioso" (nervous), among others. Two items that carry cultural stigma — "triste" (sad) and "tengo ganas de morirme" (feeling like I want to die)— were placed at the end.

Of the screening instruments assessed, the LFAS-15, PHQ-9 and BSI-18 were positively and significantly correlated with scores obtained on the SCID, which was used as the reference standard. Twelve of the 99 participants were diagnosed as depressed according to the SCID. However, the LFAS-15 performed somewhat below the PHQ-9 or the BSI-18 in predicting SCID scores. On the other hand, the LFAS-15 did have greater sensitivity and specificity for depression symptoms, suggesting that the instrument can distinguish between depressed and non-depressed patients. The researchers indicated that based on these results the LFAS-

(Continued on page 5)

(Continued from page 4)

15 performed at least as well as the PHQ-9 and BSI-18. The researchers stated that the LFAS-15 could achieve greater specificity if the first and last items on the questionnaire ("not hungry" and "feeling like I want to die," respectively) were revised.

The authors suggest, in accordance with previous research done by others, that the SCID may not be the best reference standard for assessing depression symptoms in a LFW population because persons with low literacy levels may have difficulty thinking abstractly and taking structured tests. These factors may affect the reliability of instruments such as the SCID when used to screen LFWs for depression. Furthermore, Dr. Limon observed that study participants adopted a cautious attitude when asked some of the questions in the SCID, lending support to the idea that a more culturally-appropriate reference standard may be needed for depression screening of LFWs.

Analyzing the Association Between Depression and High-Risk Sexual Behavior Among Adult Latina Immigrant Farm Workers in Miami-Dade County

Authors: Kim, H.; He, Y.; Pham, R.; Ravelo, G.J.; Rojas, P.; Rodriguez, P.; Castro, G.; Barengo, N.C.; Acuña, J.M.; Cyrus, E**.**

Source: International Journal of Environmental Research and Public Health (2019) 16, 1120. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6480099/

Latinos account for a disproportionate number of HIV diagnoses in the U.S. Among women who were diagnosed with HIV in 2016, 19% were Latinas and 17% were non-Latina whites. Socio-economic factors are associated with depression and risky sexual behavior among Latinas, and both of these in turn are associated with an increased risk of HIV infection. Lack of education on HIV and infection risks may also contribute to the spread of HIV among this group. Traditional gender expectations that limit sex education and constrain a woman's power within a relationship also make Latinas more vulnerable. Furthermore, many Latinas face multiple barriers in accessing health care, including low service availability, concerns about immigration status, lack of information, and the stigma associated with HIV. They are also less likely to receive behavioral health care.

This study aims to examine the relationship between depression and high-risk sexual behavior among a sample of 231 female immigrant farmworkers in South Miami-Dade County. The data analyzed were collected for a 2016 study funded by the National Institute on Minority Health and Health Disparities and the National Institute on Alcohol Abuse and Alcoholism. The participants were female Latinas between 18 and 50 years old who had lived in the U.S. for 3 to 10 years and had been sexually active within the previous three months of the study.

A Patient Health Questionnaire[13] was used to screen participants for nine depression symptoms. A Sexual History Scale[14] was used to classify participants' sexual behavior according to risk, while interpersonal violence (IPV) was evaluated using the Conflict Tactic Scale.[15] Other instruments were used to measure self-esteem, self-efficacy in HIV prevention, HIV knowledge, sexual relationship power, self-silencing, and marianismo - the practice of conforming to the expectations of traditional female roles. Demographic data on age, education, relationship status, country of origin, employment and income were also collected. These questionnaires were administered by some of the above-named authors when they helped conduct the 2016 study.

Thirty-six of the 231 participants (15.4%) reported depression symptoms. Those who were depressed were more likely to not be in a relationship, to have low sexual relationship power (SRP), to score lower on the self-esteem scale, and to have higher levels of self-silencing, although the associations with self-esteem and self-silencing were not statistically-significant. While the association between depression and risky sexual behavior did not reach statistical significance, low SRP, low HIV knowledge, and lower self-efficacy - a person's belief in their own ability to act to influence their circumstances - were significantly correlated with high risk sexual behavior.

(Continued on page 6)

13. Spitzer R.L., Kroenke K., Williams J.B.W., Patient Health Questionnaire Primary Care Study Group Validation and Utility of a Self-report Version of PRIME-MD: The PHQ Primary Care Study. JAMA, 282, 1737–1744. (1999)

14. Kan M.L., Cheng Y.A., Landale N.S., McHale S.M. Longitudinal Predictors of Change in Number of Sexual Partners across Adolescence and Early Adulthood. J. Adolesc. Health, 46, 25–31. (2010)

15. Straus M.A., Douglas E.M. A Short Form of the Revised Conflict Tactics Scales, and Typologies for Severity and Mutuality. Violence Vict. 19, 507–520. (2004)

(Continued from page 5)

After adjusting for confounding variables, researchers found that depressed participants were 1.77 times more likely to engage in risky sexual behavior, although this association remained not statistically significant. Those in a relationship were 2.66 times more likely to engage in risky sexual behavior; those with low SRP were 4.1 times more likely, and those experiencing IPV 2.7 times more likely. Each additional question answered correctly in the HIV knowledge questionnaire was associated with 16% less likelihood of engaging in risky sexual behavior.

These associations do not demonstrate causality, especially since some potential confounding factors, such as consuming alcohol or having other viral infections, were not analyzed. In addition, the small sample size and other sampling limitations may have reduced the representativeness of the sample and the overall impact of the study. The small sample size may also have reduced the ability of the study to detect a statistically-significant association between depression and risky sexual behavior, if one exists. Such an association has been found among other demographic groups by previous studies.

In view of the associations between SRP, IPV and risky sexual behavior, the researchers point out that machismo in the Latino community, and its tolerance of men having multiple sex partners, create additional risk for women. The authors encourage health professionals to take such cultural factors into consideration, along with linguistic and other sociocultural traits, when designing HIV intervention strategies and when addressing mental health, sex education and self-empowerment. The HIV knowledge and IPV questionnaires used in the study could be useful tools for identifying at-risk individuals.

"Vamos a la Escuelita Arte Terapia": An Art Therapy Protocol for Promoting Resilience with Latino Farm Worker Children

Authors: Lith, T.; Quintero, A.; Pizzutto, E.; Grzywacz, J.G.

Source: Journal of Infant, Child, and Adolescent Psychotherapy (2018) July; 17(3): 213-228. doi: 10.1080/15289168.2018.1490068.

Although there are estimated to be over one million children in farmworker households in the U.S., there is limited research on their emotional and behavioral health despite the poverty-related stressors they face. Financial and language barriers and the stigma surrounding mental health care often impede their access to necessary care. To address this problem, the study's researchers delivered a six-week art therapy protocol to the children of farmworker families in a southern Georgia community. Art therapy allows children to express and address feelings stemming from negative experiences in a safe, non-verbal way. Previous research indicates that art therapy helps children with stress and anxiety management. This study was intended to assess whether it could also help children build resiliency by promoting neural integration.

The research team consisted of a project facilitator, four community health workers (promotores), two graduate art therapy students, and a registered art therapist. The team's art therapists guided the promotores on how to help facilitate the art therapy sessions, while the promotores, who were Latino, assisted the art therapists in understanding the cultural nuances of working with Latino children. The pilot study was conducted with 25 children ranging in age from 2 to 7 years old. A three-hour session was held every Saturday over a period of six weeks in a conveniently located community center within walking distance of the farmworkers' homes. Recruitment consisted of face-to-face conversations between promotores and parents. The parents of the 25 participating children gave verbal consent. Verbal portions of each session were delivered in both Spanish and English. The sessions achieved a high average attendance rate of 95 percent.

The art therapy protocol combined narrative art therapy, based on the creation of a visual description of lived experiences, and trauma processing art therapy, which concerns the creation of a narrative through the sequential organization of traumatic events. The Expressive Therapies Continuum (ETC) provided a framework through which they structured and organized the curriculum. The four aspects of the ETC — Cognitive/Symbolic (C/Sy), Affective/Perceptual (A/P), Kinesthetic/Sensory (K/S), and Creative (Cr) — were incorporated in to an art therapy program that progressed through the Continuum from materials corresponding to the cognitive level (e.g. markers, pencils) to others corresponding to the kinesthetic/sensory level (e.g. acrylic paint, clay) and, finally, the creative level (e.g. a mixed media mural.) The latter integrated all levels of the ETC.

(Continued on page 7)

(Continued from page 6)

Sessions included brief games designed to help develop emotional and behavioral awareness and to lead into the topic to be covered in each session's activities. As the program progressed, each session built upon the one before it. Children gradually communicated their life story through images and sculptures they created in response to prompts in which they were asked to describe themselves and their families, their favorite activities, etc. Emotional and behavioral development was addressed through activities in which children were asked to visually express what scared them, or what made them happy, angry, or sad; describe times in which they had hurt or helped someone; what they did to improve their mood; or how they felt when they achieved a goal. Children were also asked to express through their art what it meant to be part of a family or community, and what it meant to be accepted, among other questions designed to explore and build social skills. These sessions allowed children not just to express their own lived experiences but also to develop awareness of how they responded to stressors and explore coping skills. After each session, children were allowed to keep the art they had created.

Participating children were expected to develop resiliency through fine and gross motor skill development, creative development, emotional expression, behavioral focus skills and social engagement. Researchers evaluated children's outcomes through observation, since children in this age group may not be able to verbally communicate their progress. Clinical notes were taken only after the end of each session so as not to affect children's participation. For privacy reasons, the notes addressed the changes observed in the group and not individual changes.

The researchers observed improvements in the children's fine motor skills, as indicated by their ability to overcome their initial hesitancy and unfamiliarity with the art materials. While at first lacking the confidence and the knowledge to use the materials without assistance, by the end of the program they were confidently using the materials and had developed preferences for particular materials, colors and shapes, while creating increasingly complex pieces. Some children still had difficulty verbally expressing themselves about their art. The children demonstrated their creative development by the increased imagination, experimentation and symbolism that went into the creation of their artworks. Children also developed greater emotional expression abilities, as evidenced by their increasing ability to express their emotions in their artwork and to come up with storylines explaining each piece.

The children's improved attention span and their ability to complete tasks and seek help showed an improvement in behavioral focus. Children's social engagement also improved; most children increasingly interacted with non-siblings during activities and during free time while continuing to exhibit familismo - the preservation of close ties with relatives such as siblings and cousins.

The following factors were found to have a positive effect on children's progress: promotores' engagement; art therapists' support; a safe, structured and stimulating environment; and community connections. These community connections were built through demonstrations about seeking help from emergency and health care services. La Escuelita Arte Terapia showed the potential to address the behavioral and emotional health needs of farmworker children through the art creation process and by connecting them with health and emergency care providers. The researchers recommend testing the program on a larger scale to continue serving Latino farmworkers' children.