Mental Health Issues Experienced by Migrant and Seasonal Farmworkers - Recommendations for Expanded Intervention in North Carolina

By

Emily Kiser

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Advisor: William A. Sollecito, DrPH
Date

Second Reader: Allison Lipscomb, MPH
Date
Abstract

Migrant and seasonal farmworkers in the United States experience a number of health issues at higher prevalence rates than the general population. Among these are mental health issues such as stress, depression, and anxiety. Factors at varying levels of the social-ecological model contribute to these mental health issues including individual, interpersonal, and structural level factors.

This paper reviews the health issues faced by migrant and seasonal farmworkers; investigates contributing factors to the high prevalence rates of stress, anxiety, and depression experienced by this population; examines current efforts in North Carolina to improve the mental health of farmworkers; and recommends expansions in programming to reduce the prevalence rates of stress, anxiety, and depression in the farmworker population.

There is abundant evidence in the literature establishing the need for mental health services for farmworkers. However, there is little to no literature on past or current interventions and evaluation of these interventions. The Student Action with Farmworkers’ (SAF) Into the Fields theater outreach program provides an excellent example of a small, yet seemingly successful, program which could be replicated and disseminated throughout the state of North Carolina. Although only limited scientific evaluation of the program has been conducted thus far, preliminary data gathered and presented by SAF is promising. The North Carolina Farmworker Health Program, coordinated by the North Carolina Department of Health and Human Services, Office of Rural Health and Community Care, oversees an existing network of 11 contract sites serving farmworkers in 50 North Carolina counties. This network appears to be an excellent potential mechanism for further disseminating and evaluating SAF’s theater outreach program.
This paper examines and discusses challenges and potential solutions to the recommended program expansion.
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Introduction

Numerous racial and ethnic health disparities have been studied and documented in the literature in recent decades. Additionally, a higher percentage of Hispanic adults do not have health insurance (CDC, 2015).

Migrant and seasonal farmworkers are a lesser studied, yet even further marginalized, group of primarily Hispanic individuals living and working in the United States. They are an integral part of the American workforce with more than three million migrant and seasonal farmworkers working in the United States annually (National Center for Farmworker Health, 2012). Seasonal farmworkers are defined as those individuals “whose principal employment is in agriculture on a seasonal basis” (Anthony, Williams, & Avery, 2008, p. 153). Migrant farmworkers meet the same definition but also establish “temporary home(s) during the period of employment” (Anthony et al., 2008, p. 153). For the purposes of this paper, the term “farmworker” will be used to refer to both migrant and seasonal farmworkers, unless explicitly stated otherwise.

According to the U.S. Department of Agriculture “hired farmworkers continue to be one of the most economically disadvantaged groups in the United States”, and it is well established that economically disadvantaged individuals have poorer health outcomes (2015, para. 1; Wagstaff, 2002) A number of factors contribute to farmworkers’ poor health and limited access to health care. Among these factors are lack of health insurance, lack of transportation, limited or no familiarity with English, the transient nature of farm work, low wages, long work days, and fear of accessing services due to documentation status (Anthony et al., 2008). Furthermore, the nature of farm work exposes laborers to unique threats to their health including occupational
injury, pesticide exposure, extreme weather conditions, poor housing conditions, and overcrowding (Anthony et al., 2008).

**Demographics**

California, Texas, Washington, Florida, Oregon, and North Carolina host the largest numbers of farmworkers in the U.S. (Rhodes et al., 2010). According to the 2011-2012 U.S. Department of Labor’s National Agricultural Worker Survey (NAWS), 71% of farmworkers are immigrants, and 95% of those surveyed were from Mexico (Farmworker Justice, 2014). Seventy-six percent of farmworkers identify as Latino/Hispanic with 70% of all farmworkers identifying Spanish as their dominant language (Farmworker Justice, 2014). Seventy-two percent of farmworkers are male and 54% of all farmworkers are between ages 25-44 (Farmworker Justice, 2014). The average individual farmworker income is $15,000-$17,499, but this figure does not exclusively reflect income from farm work as some farmworkers also have additional jobs outside of farm labor. Based on this figure, 25% percent of farmworkers have a family income below the federal poverty line (Farmworker Justice, 2014). However, this average also does not include those surveyed who reported no income for the year, and this survey also did not include dependents living outside of the U.S. Therefore, the 25% figure is likely to be largely underestimated (Farmworker Justice, 2014). Another source reports that 61% of U.S. farmworkers fall below the poverty line with a median income of $7,500 (Gonzalez, 2015).

**Goals of This Paper**

1. Farmworkers experience many health problems at higher prevalence rates than the general population. The first goal of this paper is to describe some of the most critical health issues that farmworkers experience at disproportionate rates.
2. Because of the particular need for policy change and program development on mental
health issues, the second goal of this paper is to describe some of the contributing factors
to mental health issues in farmworkers.

3. The third goal of this paper is to explore what is currently being done in North Carolina
to address the mental health issues faced by farmworkers and to propose an expansion to
programming which could contribute to a reduction of the prevalence of stress,
depression, and anxiety in the farmworker population.

Health Issues Faced by Farmworkers

Due to their unique living and working conditions, farmworkers experience many severe
health issues at higher prevalence rates than the general population (Arcury & Quandt, 2007).
These health issues include chronic disease, infectious disease, occupational injury, mental
health issues, and oral health problems, among others (NC Farmworker Institute, 2008).

Chronic Disease

In 1999 the California Agricultural Worker Health Survey (CAWHS) surveyed 654
farmworkers via in-person interviews and physical exams and found that farmworkers “show[ed]
substantially greater incidence of high blood pressure as compared with the incidence of
hypertension among all U.S. adults” and 18% of male farmworkers “had at least two of three risk
factors for chronic disease: high serum cholesterol, high blood pressure or obesity” (Villarejo et
al., 2000, p. 6). Eighty-one percent of males and 76% of females surveyed in the CAWHS had
unhealthy weights, as measured by Body Mass Index (BMI), both of which are higher prevalence
rates than those seen in U.S. adults overall (Villarejo et al., 2000). While farmworker-specific
data on prevalence rates of diabetes are not available, the Migrant Clinicians Network (MCN)
suggests using data on Hispanic Americans as a proxy. According to the MCN, “Hispanics are
1.5 times as likely to have diabetes as Whites”, and in 2006 the diabetes mortality rate from diabetes in Hispanics was 50% higher than that of non-Hispanic Whites. (n.d., para. 1).

**Infectious Disease**

Farmworkers experience increased rates of infectious disease. The CDC reports that the rate of TB in Hispanics “is over seven times higher than the rate of TB in white, non-Hispanic people” (2013, para. 4). Once believed to have been all but eradicated in the U.S., tuberculosis is reemerging as a threat to Americans. In 2011 10,528 cases of TB were reported in the U.S. with 29% of those cases occurring in Hispanics. One cause of this disproportionate distribution of disease is that many Hispanic individuals are born in countries where TB rates are high. Additional risk factors for TB transmission among farmworkers include living in close quarters with poor ventilation. There are also considerable challenges in treating TB in farmworkers including access to care and lengthy treatment times (CDC, 2013).

Data on sexually transmitted infection rates in farmworkers are limited, but rates in non-farmworker Hispanics can provide an insightful proxy measure (Rhodes et al., 2010). According to the CDC, in 2014 the chlamydia rate in U.S. Hispanics was twice as high as in Whites. In the same year gonorrhea rates in Hispanic women and men were 1.8 and 2.0 times the rate among White women and men, respectively (2014).

Infectious diseases present a particularly pressing public health threat due to their communicable nature. Because the prevention and control of disease are a primary role of public health, public health officials should be concerned about the high rates of infectious disease amongst Hispanic Americans and farmworkers in particular.
Occupational Injury

Agriculture is considered one of the three most dangerous occupations in the U.S. (Bureau of Labor Statistics, U.S. Department of Labor, 2015). According to the NC Farmworker Institute, more than one in four farmworkers have been injured on the job in their lifetime (2008). Occupational risks include pesticide exposure, heat exposure, and musculoskeletal injuries, among others.

Pesticide exposure. While there is no national surveillance system for monitoring pesticide-related illness, the “EPA estimates that 10,000-20,000 farmworkers are poisoned on the job due to pesticide exposure” each year (Farmworker Justice, 2016, para. 5). Acute effects of pesticide exposure include “difficulty breathing, seizures, loss of consciousness, and death” (Farmworker Justice, 2016, para. 3). Long-term effects “can result in cancer, neurological disorders, hormonal and reproductive health problems, birth defects, and infertility” (Farmworker Justice, 2016, para. 3).

Heat exposure. Heat exposure and other extreme weather conditions are another occupational health hazard experienced by farmworkers. A recent survey of male Latino farmworkers in North Carolina found that in the past three months, 35.6% of respondents “reported heat illness while working outside, and 13.9% while working inside” (Arcury et al., 2015, p. 1299). The most common symptoms reported were dizziness (21.8%) and sudden muscle cramps (16.8%). Further exacerbating the issue, 26.7% of respondents reported that the housing where they spent their time after work was “extremely hot” and only 10.9% had central air conditioning (Arcury et al., 2015).

Musculoskeletal injuries. Due to the physically taxing nature of farm work, musculoskeletal injuries are common in farmworkers. In one survey of youth farmworkers ages
10-17 years in North Carolina, 54.0% reported a musculoskeletal injury, 60.9% reported a traumatic injury, and 72.4% reported a dermatological injury in the past year (Arcury, Rodriguez, Kearney, Arcury, & Quandt, 2014). Another study found that in middle-aged and elderly farmworkers, ages 40-80, “68% reported current persistent musculoskeletal injury pain” and “51% had pain at multiple sites” (Weigel, Armijos, & Beltran, 2014, p. 904). Thus, it is established that musculoskeletal injuries affect farmworkers of various ages.

**Oral Health**

Oral health care is an area of major need for farmworkers. The CAWHS found that more than a third of males had at least one decayed tooth and nearly 40% of females had at least one broken or missing tooth. Half of the male subjects and 40% of female subjects had never visited a dentist (Villarejo et al., 2000). In one study, 86% of farmworkers identified dental care as the area of primary need “when asked about what health services they believed would be most beneficial” (Anthony et al., 2008, p. 157). According to the U.S. Department of Health and Human Services, dental care was the most utilized service in 2011 through the 156 designated Migrant Health Centers across the country (National Center for Farmworker Health, 2012).

**Mental Health**

Mental health issues are widely prevalent in the U.S. farmworker population. Hovey and Magaña found high levels of anxiety and depression in their study of farmworkers in the Midwest with 37.8% of their sample qualifying for depression compared to 18% in the general population. 28.9% percent of the farmworkers in the same study qualified for anxiety compared with 16% of the general population (2000). A 2003 study of 125 male farmworkers in eastern North Carolina found “significant levels of stress” in 38% of participants and 41.6% met criteria for depression (Hiott, Graywacz, Davis, Quandt, & Arcury, 2008, p. 35). A second study
performed in North Carolina found that 52.2% of the 69 farmworkers sampled experienced “elevated depressive symptoms” with 16.4% experiencing anxiety (Crain et al., 2012, p. 277). In a more recent study, Ramos, Su, Lander, and Rivera found that 45.8% of 200 farmworkers studied in Nebraska were depressed and more than 30% were considered to have high stress (2015). These studies, spanning both time and geographical region, demonstrate the widespread and severe mental health issues affecting farmworkers across the country.

Contributing Factors to Mental Health Issues

Of the numerous health issues facing farmworkers, mental health is an area which is in particular need of further research and reporting. While a number of studies have examined the prevalence of stress, anxiety, and depression in farmworkers, the literature on mental health interventions performed with this same population is scarce. The need for mental health services and resources for farmworkers has been well established in the literature in recent years. Furthermore, a number of factors have been studied and identified as contributing to the mental health issues experienced by migrant and seasonal farmworkers. Contributors to the development of anxiety and depression include individual, interpersonal, and structural factors which encompass cultural, legal, occupational, geographic, and economic facets. These variables influence both the development of mental health issues as well as limited access to mental health care for farmworkers.

Individual Factors

Individual level factors identified as contributors to stress, anxiety, and depression in farmworkers include low self-esteem, lack of control and choice in living a migrant farmworker lifestyle, and low religiosity. Magaña and Hovey found that each of these factors was “significantly associated with high levels of anxiety and depression” (2003, p. 77). Kim-Godwin
and Bechtel also found that higher levels of stress were associated with higher levels of education, however they found conflicting results to those of Hovey and Magaña with regard to religiosity. Kim-Godwin and Bechtel found that respondents without a religious affiliated reported lower levels of stress than those who reported a religious connection (2004). One possible explanation for the difference in these findings is the different geographical foci of the studies. Additional individual level factors found to be associated with higher stress levels were marital status and age, with those who were married or once married having lower stress levels than those who were never married and older respondents having lower stress levels than younger respondents (Kim-Godwin & Bechtel, 2004). In a qualitative study conducted by Ingram, Schachter, Guernsey de Zapien, Herman, and Carvajal, farmworker participants identified “a good attitude, the ability to take control of and solve problems, positive family relationships and reliance on faith” as individual and interpersonal level sources of good mental health (2015, p. 3013).

**Interpersonal Factors**

Numerous interpersonal factors have been studied and linked with mental health issues in farmworkers. Lack of social support has been identified as a significant contributor to poor mental health. Magaña and Hovey reported that “ineffective social support [was] significantly associated with high levels of anxiety and depression” (2003, p. 77). Kim-Godwin and Bechtel also found that respondents who “identified social support systems reported lower levels of stress… compared with those who did not identify a support system” (2004, pp. 273-274). Hiott et al. found that social isolation was associated “with both anxiety and depressive symptoms” but was more strongly linked with anxiety (2008, p. 32). In fact, this study found that social isolation had the “strongest potential effect on farmworker anxiety” of all the variables examined (Hiott et
Separation from family also appears frequently in the literature as a contributor to low social support and therefore to poor mental health. Winkelman, Chaney, and Bethel found separation from family as a recurring theme in their study as many participants “reported experiencing stress related to not being able to see family and children that were back in their home countries…” (2013, p. 1820). Some participants cited this as a source of “persistent sadness” (Winkelman et al., 2013, p. 1821).

**Structural Factors**

**Legal factors.** Many studies have cited farmworkers’ documentation status as a contributor to mental health issues. Winkelman et al. found that participants worried about their lack of documentation to live or work legally in the United States and were concerned that, if discovered, they would be deported back to their home country (2013). Gryzywacz et al. found that “when concerns over documentation and immigration… were greater than usual, depressive symptoms increased” (2010, p. 39).

**Cultural factors.** Cultural factors have been identified as contributing to poor mental health in farmworkers. Hovey and Magaña have studied and written a great deal about acculturative stress in Latino immigrants and some studies have focused on farmworkers specifically (Hovey, 2000a; Hovey, 2000b; Hovey, 2000c; Hovey & Magaña, 2000; Magaña and Hovey, 2003). They report that their findings “suggest that those individuals who internalize acculturative changes as more stressful may be more susceptible to psychological problems such as depression and suicidal ideation” (Hovey & Magaña, 2002). Possible cultural stressors that may be encountered during the acculturation process are discrimination, language difficulties, difficulty understanding a new environment, and lack of resources and/or lack of knowledge of existing resources (Hovey & Magaña, 2002). Each of these cultural stressors “may lead to
acculturative stress, may exacerbate preexisting difficulties or lead to the emergence of new psychological problems” (Hovey & Magaña, 2002, p. 276). Thus, it is not surprising that Hovey and Magaña found that “acculturative stress was a strong predictor of anxiety”, and “high levels of acculturative stress and high levels of anxiety were related to elevated levels of depression” (2002, p. 284; 2000, p. 126).

**Occupational factors.** Farmworkers experience many stressors in their occupation that present threats to their mental health. In a recent study reported by Winkelman et al., a central theme that emerged from the focus groups was mental stress due to the work environment (2013). Participants shared that they were stressed by occupational expectations including “unreasonably high production standards or expecting everything to be perfect” (2013, p. 1821). Many stated they did not feel comfortable approaching their bosses about these issues. One participant also shared that his boss speaking to him in English was stressful (2013). Working conditions have been linked with both anxiety and depression in farmworkers and more strongly linked with depression than anxiety (Hiott et al., 2008). In fact, Hiott et al. report that “stressful working conditions have the strongest potential effect on depressive symptoms” of numerous variables studied, including legality and logistics, social isolation, family, substance abuse by others, years lived in the U.S., education, spouse in the U.S., and child in the U.S. (2008, p. 36). Magaña and Hovey also found that “rigid work demands” were significantly associated with high levels of depressive symptoms as well as with high levels of anxiety (2003, p. 81).

Another occupational factor which threatens the mental health of farmworkers is poor housing conditions. Regulations exist with regards to farmworker housing quality, however little documentation exists of the enforcement of these regulations. Migrant farmworkers are often provided with housing by their employers which results in farmworkers having little to no
control over their living conditions (Vallejos et al., 2011). Because farmworker camps are often hidden from view in rural areas, poor housing conditions frequently go unnoticed and unreported (Summers, Quandt, Talton, Galvan, & Arcury, 2015). One study of 70 farmworker camps in eastern North Carolina found that 100% of camps had at least one exterior housing problem and 93% had at least one interior problem (Vallejos et al., 2011). Examples of exterior problems include overflowing trash cans, litter in the yard, and signs of rodents. Examples of interior problems include lack of fire extinguisher, lack of a smoke detector, and lack of first aid supplies. Problems in the bathroom were found in 74% of the camps and problems in the kitchen were found in 30% of camps. In migrant camps, the toilet and shower facilities are often located outside and many times are broken or unsanitary (Magaña & Hovey, 2003). Overall, only 11% of the camps that were studied met standards, with 67% moderately substandard, and 22% severely substandard (Vallejos et al., 2011). Poor housing conditions such as these have been found to be a common source of stress for farmworkers and “significantly associated to high levels of anxiety symptoms” (Magaña & Hovey, 2003, p. 81).

**Current Efforts to Address Mental Health Needs of Farmworkers in North Carolina**

It is well established in the literature that farmworkers across the country experience poor mental health. My practicum experience interviewing migrant farmworkers took place in eastern North Carolina and afforded me the opportunity to observe many of the contributing factors to poor mental health discussed above such as substandard housing and social isolation. North Carolina also hosts one of the largest farmworker populations in the country which makes it an excellent example to explore as a case study. Therefore, I will examine current efforts in North Carolina to mitigate the mental health issues experienced by farmworkers.
The North Carolina Farmworker Health Program (NCFHP), a part of the North Carolina Department of Health and Human Services (NC DHHS), Office of Rural Health and Community Care, provides “funding for outreach workers at contract sites to coordinate and carry out enabling services”, “training for... partners”, and disseminates “best practices for outreach, patient care, advocacy, and community building” (NC DHHS, 2015). In 2013-2014, NCFHP had 11 health care contracts serving around 50 North Carolina counties. These outreach contracts are in addition to 11 Community and Migrant Health Centers located across the state. NCFHP specifically funds outreach contracts in areas which are not covered by these health centers, and collaborates with them “to share research, tools, and best practices” (NC DHHS, 2015). Therefore, the practices and methods that are developed and endorsed by NCFHP are used extensively throughout the state with thousands of farmworkers. Through contracted sites, outreach workers provide a range of services such as health education, health assessments, referrals, and support services including transportation and interpretation. Most of these services take place at migrant camps and in communities, and some contracted sites even have the ability to provide medical services in the field (NC DHHS, 2015).

According to Mary Johnson Rockers, MSW, a Farmworker Health Operations Specialist with NCFHP, mental health issues in farmworkers have become an issue of focus for NCFHP in recent years. The comprehensive health assessment used by outreach workers now contains the Patient Health Questionnaire-2 (PHQ-2) which serves as an initial screening tool for depression:

1. During the last 2 weeks have you had little interest or pleasure in doing things?
2. During the last 2 weeks have you been feeling down, depressed or hopeless?

If the respondent endorses either of these statements, a more extensive screening tool, the Refugee Health Screener-15, Mexican Spanish Version, is then used to determine the level of
severity and whether a referral for mental health services is needed. NCFHP has developed and maintains a directory of mental health providers (e.g. counselors, psychologists, etc.) in each county who provide services to farmworkers. This list is limited to those providers who speak Spanish and who will accept payment from NCFHP for services rendered. According to Ms. Rockers, this list of providers is not extensive as there are many NC counties which do not have a single provider meeting these criteria (M.J. Rockers, personal communication, January 28, 2016).

Emily Sheets, a Migrant Health Tech at Surry County Health and Nutrition Center, a contract site of NCFHP, confirmed that their only intervention at this time with regards to mental health issues in farmworkers is administering the PHQ-2 and RHS-15, as indicated, and referring to the Surry County clinic as needed (E. Sheets, email, February 3, 2016). Some counties are fortunate enough to be able to refer within their county or to their own local health clinic for mental health services for farmworkers. However, in other areas, the nearest mental health provider might be a long distance away in another county (M.J. Rockers, personal communication, January 28, 2016). For a population with limited access to transportation and little time off work, this is rarely a viable option.

Recognizing the growing mental health needs of NC farmworkers, NCFHP also recently conducted an intensive two-day training for outreach workers on “mental health first aid” in September 2015. Outreach workers were reporting feeling ill-equipped to screen and triage mental health issues that presented during their time in the field, and the training was intended to better prepare these workers to address mental health concerns (M.J. Rockers, personal communication, January 28, 2016).
These efforts by NCFHP and their partners to address mental health concerns in NC farmworkers are all relatively recent, occurring primarily in 2015 (M.J. Rockers, personal communication, January 28, 2016). It is encouraging that these issues are receiving the attention and funding of governmental agencies like NC DHHS. However, the efforts to address mental health issues in farmworkers have been exclusively treatment focused thus far, and it is evident that preventative measures are desperately needed.

The network of outreach workers that has been developed by NCFHP is an invaluable resource in providing health services to NC farmworkers. If proposed preventative interventions could receive the support and endorsement of NCFHP, the reach of such interventions could be extensive. For example, in 2014 alone, NCFHP outreach partners worked with more than 7500 farmworkers (NCFHP, 2015). With this kind of reach throughout the state of NC, this network offers an excellent medium to implement future preventative efforts. The sites and their respective outreach workers are coordinated in their efforts through the central office at NCFHP which provides oversight by means of monitoring, evaluation, strategy development, and continuous quality improvement. Through this type of coordination, consistency in program delivery can be insured and meaningful evaluation can be conducted.

**Into the Fields: A Program of Student Action with Farmworkers (SAF)**

**Overview**

One excellent example of a preventative public health outreach program to farmworkers is the *Into the Fields* program developed by Student Action with Farmworkers (SAF). SAF is a 501(c)(3) non-profit organization based in Durham, North Carolina whose mission is “to bring students and farmworkers together to learn about each other’s lives, share resources and skills, improve conditions for farmworkers, and build diverse coalitions working for social change”
(SAF, 2016, para. 6). Through the program, student interns perform “culturally appropriate, lively skits” and “facilitate theater workshops with farmworkers at farm labor camps” (Sax, 2014, p. 2). The performances prompt dialogues about “mental and physical health, living and working conditions, and farmworker movements for social justice” (Sax, 2014, p. 2). Each year the Into the Fields theater program reaches around 85 to 185 farmworkers in the eastern and Piedmont regions of North Carolina (Sax, 2014).

The validity of using theater as part of a health prevention program has been documented by research. According to the Theater in the Fields guide published by SAF, a 2007 study by Hovey, Booker, & Seligman found that farmworkers in Michigan demonstrated significantly increased knowledge of HIV/AIDS after viewing the performances of a theater troupe (Sax, 2014, p. 6). SAF has also noted an increase in farmworker “willingness to access healthcare services and take action to address grievances” after viewing the theater performances (Sax, 2014, p. 6). Thus, the performances are not only educational but motivating and empowering as well. For example, one medical clinic partnering with SAF observed that farmworkers “were much more likely to be tested for HIV” after viewing SAF’s performances about HIV/STI prevention (Sax, 2014, p. 6). SAF has also occasionally been able to “provide additional services… for the farmworkers during the evening… such as rapid HIV tests…” (Sax, 2014, p. 16).

Theater for Alcohol Abuse Prevention and Stress Reduction: A Case Study

In their Theater in the Fields guide, SAF provides a case study of a theater performance presented to 85 farmworkers during the 2013 agricultural season regarding alcohol abuse prevention and stress reduction. The play focused on ways to prevent alcohol abuse and demonstrated positive behavioral health techniques with a particular emphasis on stress
reduction. Through pre and post-tests, SAF determined that “97% of participants reported feeling more confident in their ability to make healthy choices about drinking alcohol”, 98% believed the performance was “useful”, and 89% said “the performance made them think differently about alcohol” (Sax, 2014, p. 7). Furthermore, a statistically significant increase occurred in the percentage of participants who “correctly identified daily and weekly safe drinking limits” (Sax, 2014, p. 7). S. Martinez with Rural Health Group Inc., a SAF partnering organization, observed that, “[The theater group] allowed the organization to participate in an activity that outlined concerns for our farmworkers who may have been resistant in sharing challenges with depression/substance abuse in another setting. The project created a relaxing environment to openly express these common emotions while working at the camps” (Sax, 2014, p. 6).

**Mental Health Benefits of Into the Fields**

The quote above speaks to the power of *Into the Fields* to create an environment in which farmworkers feel comfortable discussing their mental health challenges while also facilitating communication and support within the group. This is extremely valuable in an effort to reduce isolation and bolster the social support networks of these farmworkers. One 2011 farmworker participant is quoted in the Theater in the Fields guide as saying, “More than anything, this allowed us to share life experiences with our co-workers” (Sax, 2014, p. 18). By opening up conversations and topics which previously have not been broached between the farmworkers, *Into the Fields* develops a new depth to the farmworkers dialogue and a more intimate level of trust and sharing. Ideally this newfound openness in dialogue is sustained amongst the farmworkers long after SAF’s departure and helps to create improved networks of social support.

In addition to building the relationships amongst the farmworkers themselves, bonds are also forged between the students and the farmworkers. This is clearly valued by SAF as opportunities for students and farmworkers to connect are intentionally built into the *Into the
Fields model. For example, SAF provides dinner to the farmworkers at each of their performances. This not only eliminates logistical issues with farmworkers not attending the performance because they are busy preparing and eating dinner, but it also provides the opportunity for the students to sit and talk with the farmworkers and build relationships over a shared meal. All of the SAF students are bilingual and many are from farmworker families so there are commonalities and shared experiences to build upon. In fact, “sometimes interns and farmworkers will be from the same regions, which always inspires excitement on both ends” (Sax, 2014, p. 17). Such connections can potentially serve to reduce the sense of isolation which has been so strongly linked to mental health issues in farmworkers.

Into the Fields also works to develop farmworkers’ coping strategies by involving them in the performances, challenging them to offer ideas and suggestions, and educating them on useful skills and strategies. For example, a stress management play might lead the audience in yoga stretches and breathing techniques. Also, at critical times in the plot of the play, questions might be posed to the audience such as, “How else could Pedro relax without drinking alcohol?” which requires the audience to propose alternative behaviors that they could potentially draw from personally in the future (Sax, 2014, p. 12).

The Into the Fields theater workshops have also inspired farmworker advocacy. One theater performance centering on abusive and exploitative employers prompted a farmworker camp to contact Legal Aid and file a complaint about their living and working conditions (Sax, 2014). Thus, Into the Fields could potentially be credited with not only building social networks among farmworkers, but also with helping them to improve some of the occupational factors which contribute to poor mental health in this population. Also, by empowering and increasing the self-efficacy of farmworkers, it is possible that there is an associated degree of increased self-
esteem which, as discussed earlier in this paper, has been established as a protective factor against mental health issues.

**Challenges Faced by Into the Fields**

As is often the case when working with farmworkers, follow-up and evaluation of programming can be difficult due to the transient nature of this population. Migrant farmworkers in particular are very mobile and often only stay in one location for the duration of a crop’s growing season. For example, migrant farmworkers in North Carolina might work in eastern North Carolina during the summer in tobacco and then move to western North Carolina in the fall to work in Christmas trees. This means that evaluative efforts of farmworker programming would ideally take place in the same season in which the programming was delivered.

In the case study regarding the theater performance about alcohol abuse prevention and stress reduction, interesting post-performance data are presented which reflect increased knowledge and changed perceptions of alcohol consumption in farmworkers (Sax, 2014). What is lacking is reporting on the outcome(s) of the program which would require additional follow-up to determine actual changes in behavior or health outcomes. For example, in the alcohol abuse prevention and stress reduction case study, an evaluation of outcomes could include returning to the same labor camp a month following the performance to conduct surveys about changes in alcohol consumption and use of the stress reduction techniques. This type of data would be very powerful in demonstrating Into the Fields’ impact and would bolster the argument for its replication in other locations. Again, evaluators would need to be intentional about returning before the end of the growing season and ensuring that farmworkers interviewed were participants in the theater workshop, as it is possible that new farmworkers could have arrived in the interim.
Unfortunately, longitudinal data is extremely difficult to obtain when working with this population due to the transient nature of farmworkers. Therefore, one possible adjustment to the existing program could be to concentrate the theater performances in June (allowing the month of May for student training and preparation) and conduct follow-up evaluation visits in July and August. Another possibility would be conducting additional follow-up with those farmworker participants who are seasonal, not migrant, farmworkers.

**Discussion**

**Recommendations to Expand *Into the Fields* through NCFHP Contract Sites**

In their “2014 *Into the Fields* Theater Group Report”, SAF reported performing for 105 migrant farmworkers at three camps over the course of the summer. This was a slight increase from the 85 farmworkers at three camps reached in 2013. SAF also reports the NC Farmworker Health Program, Office of Rural Health and Community Care as a recurring funder of the program over the years. Ms. Rockers also shared that some NCFHP contract sites host the *Into the Fields* theater program at the farmworker camps that their contract site serves. However, it is not hosted at all of the contract sites, and it would be ideal “if outreach staff, and not just SAF students and fellows, could lead the theater or incorporate elements of it” (M.J. Rockers, email, March 1, 2016). Based on the encouraging reports of *Into the Fields*’ success and NCFHP’s established interest in the program, the partnership seems primed for further dissemination of the program model and/or techniques throughout the state. If NCFHP encouraged the use of SAF’s theater model with all of their contract sites across North Carolina, the potential reach could be exponentially larger because, as mentioned above, NCFHP reported serving 7500 farmworkers in 2014 (NCFHP, 2015).
Challenges and Solutions. Limitations to expanding the *Into the Fields* program are evident and understandable. Outreach workers at NCFHP contract sites are occupied with their existing outreach work and likely would not have the time to participate in time-intensive script-writing, rehearsals, performances, etc. In a section of the *Into the Fields* program guide entitled “Scale and Replication” SAF offers numerous suggestions for replicating elements of the SAF model in situations without the existing programmatic and funding infrastructure. These suggestions are as follows:

- “Develop a 1-2 person skit for your staff to perform for farmworkers. Different characters can be portrayed through use of simple costumes, props and signs.
- During outreach, give farmworkers the assignment to create a short skit in 15-20 minutes about what they know about a health topic or their experiences dealing with a health issue.
- Recruit volunteers from community theaters, or local college students who are studying theater and/or Spanish.
- Use a Readers’ Theater model by sharing a written script with a group of people to simply read out loud to each other.
- Use song, poetry or dance movements to illustrate emotions around health issues or other topics, and spark a discussion.
- Work with a college to coordinate an alternative spring break in which the students lead theater exercises with farmworker camps every evening for a week.
- Partner with a college service-learning course in which a class creates theater skits and performs for/with farmworkers.
- Create skits with your organization’s staff and board members as a team-building strategy. Skits can be used for education, illustrating an idea, or demonstrating a problem to be solved.
- Create a theater intern position at your organization. The intern can develop a 1-person skit or monologue to perform and/or facilitate theater exercises with farmworkers around health issues or other topics” (Sax, 2014, p. 19).

A few of these approaches could be piloted at select NCFHP contract sites identified by NCFHP as particular areas of need within the state. Outreach workers could report on their respective successes and challenges with the approaches prior to NCFHP promoting a particular approach to sites across the state. If desired, more time-intensive approaches (e.g. partnering with a college to create a service-learning course) could be bypassed initially in favor of simpler
approaches such as a site creating skits with staff and Board members as a team-building activity. This could potentially be done in just a day via a morning staff retreat with a visit to a farmworker camp one evening in the following week or month. Another feasible approach might be to incorporate theater into existing outreach efforts, such as two outreach workers travelling together, performing brief skits at camps, and asking the farmworker participants to create their own (a combination of suggestions one and two above). Finally, recruiting a theater intern would be a low-cost and potentially high-impact method of incorporating theater into a contract site. The intern could either work alone and deliver monologues, as suggested above, or could be responsible for recruiting student volunteers to participate in the performances.

**Strengths of Expansion.** Integrating elements of *Into the Fields*’ successful programming into existing outreach efforts at permanent sites throughout the state could have numerous benefits. While SAF’s model has done an impressive job in creating an environment that promotes relationship-building between farmworkers and the students, the students are only meeting with the same farmworkers once or twice during the summer. However, NCFHP outreach workers work within their communities year-round and are constantly building these relationships. Therefore, NCFHP outreach workers might have additional or even greater successes in using theater with farmworkers as they often already have an established level of rapport and trust. Building on this, NCFHP outreach workers might find farmworkers particularly receptive to the theater techniques.

Opportunities also exist in this model in terms of further evaluation. SAF is currently limited in their evaluation efforts as *Into the Fields* is based out of the city of Durham and the theater group travels throughout rural areas in eastern North Carolina. The internship is also limited to the summer months only. However, if NCFHP sites were to begin incorporating
theater elements into their outreach work, they could conduct evaluations throughout the year as their worksites are permanent. Furthermore, because NCFHP outreach workers build ongoing relationships with farmworkers, the outreach workers might find it easier to gather detailed and forthcoming evaluation data as compared to the SAF interns. So as to not impose additional evaluation burdens and requirements on NCFHP sites, questions regarding the theater program could be added to the existing Farmworker Feedback Survey which sites conduct annually (A. Lipscomb, personal communication, February 29, 2016). SAF is also limited in the time it has for student training and preparation and uses the beginning of the summer internship to do this important work. However, permanent sites would have the flexibility to develop theater elements for outreach during slower periods of the year, perhaps during a non-growing season, for use during growing season. This allows more time for consideration, discussion, and making adjustments to performances.

Conclusion

There is ample documentation of the need for mental health services for migrant and seasonal farmworkers in the United States. A variety of factors must be taken into account when designing an intervention with this population, including the unique individual, interpersonal, and structural level factors which contribute to their increased prevalence rates of mental health issues.

The Into the Fields theater outreach program developed by SAF offers an intriguing model of health education which potentially could be employed by outreach workers across the state. While extensive evaluation of Into the Fields has not been performed, the presented data indicate that the program has had success in building trust and rapport among farmworkers as well as between farmworkers and SAF interns. Because a lack of social support has been
established as a factor strongly linked to mental health issues in farmworkers, this is a significant achievement. Self-esteem and coping skills are also possibly bolstered by the program and future evaluation should examine these areas specifically. Also in need of further evaluation is whether the program mitigates acculturative stress by facilitating farmworker interaction with individuals outside of the farmworker camp with whom they can communicate and connect emotionally. If elements of *Into the Fields* are adapted by outreach workers at all NCFHP contract sites throughout North Carolina, evaluation could be facilitated as outreach workers who are permanent employees and members of the community in which they are working would likely have more evaluation opportunities than students do during a summer internship.
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