Farm Stress in Georgia

Christina Proctor, MPH, PhD
Noah Hopkins, BSHP
# Purpose

<table>
<thead>
<tr>
<th>To examine stressors in rural Georgia farmers and identify barriers for treatment in mental health and substance use.</th>
<th>1) Gaining a better understanding of how to collect data from farmers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2) Gaining a better understanding of the factors influencing substance use and mental health issues</td>
<td></td>
</tr>
<tr>
<td>3) Improving education about substance use, mental health, and stress in rural farmers</td>
<td></td>
</tr>
</tbody>
</table>
FARMS Studies

Journal of Rural Mental Health

“It’s Easier to go to the Beer Store Than Ask for Help”: A Qualitative Exploration of Barriers to Health Care in Rural Farming Communities

Noah Hopkins¹, Christina Proctor⁴, Jessica Legge Muilenburg¹, and Trace Kershaw²

¹ Department of Health Promotion and Behavior, University of Georgia
² Department of Social and Behavioral Sciences, Yale Institute for Global Health, Yale University

Farming is a challenging occupation, not only due to its physical and mental demands but also its sensitivity to environmental, sociocultural, and policy changes. Because of external stresses and often an internal drive to succeed, farmers in rural areas have high rates of prescription drug use, excessive alcohol use, depression, and suicide. Past research has not focused extensively on help-seeking behaviors in the farming community. This study explored perceived barriers to seeking and receiving physical and mental health care in rural farmers. In-depth interviews (30 min–1 hr) were conducted with full-time rural Georgia farmers (n = 15) in 10 counties throughout the state. Thematic analysis identified themes and patterns in transcribed interview recordings. Four main themes were identified that related to barriers to accessing care: (a) cultural norms in the farming community; (b) normative beliefs about health care in the farming community; (c) stigma around mental health in the farming community; and (d) formal health care concerns. Future programs that address cultural norms, normative beliefs, and stigma associated with health care should be coupled with policy changes to increase access to health care in rural areas.

Stressors and Coping Strategies in Rural Farmers: A Qualitative Study

Christina Proctor and Noah Hopkins

Department of Health Promotion and Behavior, University of Georgia College of Public Health, Athens, GA, USA

ABSTRACT

Objective: Farmers in rural areas face unique lifestyle stressors which may cause physical and behavioral health issues. Because of external stressors, farmers in rural areas have high rates of prescription drug use, excessive alcohol use, depression, and suicide. These methods of coping may increase prevalence of distress and mental illness in farmers leading to poor health outcomes. Social norms within rural farming populations are influenced by culture, family, friends, and community beliefs which make it difficult to conduct research about substance use and mental health. The purpose of this study is to identify stressors in rural farmers and positive and negative coping strategies for stress in the farming population.

Methods: In-depth interviews (35 minutes–1 hour) were conducted with full-time rural Georgia farmers (n = 15) in ten counties throughout Georgia. Using qualitative analysis, inductive coding was used to identify themes and patterns among transcribed interview recordings.

Results: Stressors reported by farmers included financial, work-life balance, physical health and disconnect from non-farming populations. Farmers described feeling misapplied by others outside of their community and feeling a distinct lack of control due to external factors. All the farmers identified alcohol use as a primary coping strategy to deal with stressors.

Conclusions: This study identifies distinct stressors associated with a farming lifestyle and sociocultural factors that are barriers to care for mental health and substance use in rural farmers. This study can provide information to health practitioners that may lead to a better understanding of the factors influencing farmer’s health outcomes.

KEYWORDS

rural farmers; alcohol and substance use; mental health; stressors; coping strategies
### Methodology

#### Instrument Development
- Consultant with knowledge of target population audited survey before implementation

#### Pre-screening
- Full-Time Farmers - 75% income from farming

#### Methodology
- Researchers traveled to 12 farms for interview (2 via zoom)
- Structured interviews (30-45 minutes) were conducted with full-time rural Georgia Farmers (n=15) in ten counties throughout the state

#### Analysis
- Thematic coding was used to identify themes and patterns among transcribed interview recordings
Table 1. Demographics of interview participants.

<table>
<thead>
<tr>
<th>Type of Farmer</th>
<th>Number of Farmers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cattle</td>
<td>10</td>
</tr>
<tr>
<td>Row</td>
<td>9</td>
</tr>
<tr>
<td>Poultry</td>
<td>6</td>
</tr>
<tr>
<td>Mixed Operation</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years Farming</th>
<th>Number of Farmers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 years</td>
<td>1</td>
</tr>
<tr>
<td>5–10 years</td>
<td>8</td>
</tr>
<tr>
<td>11–20 years</td>
<td>3</td>
</tr>
<tr>
<td>21–25 years</td>
<td>1</td>
</tr>
<tr>
<td>More than 25 years</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Generational History</th>
<th>Number of Farmers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1\textsuperscript{st} Generation</td>
<td>2</td>
</tr>
<tr>
<td>2\textsuperscript{nd} Generation</td>
<td>3</td>
</tr>
<tr>
<td>3\textsuperscript{rd} Generation</td>
<td>4</td>
</tr>
<tr>
<td>4\textsuperscript{th} Generation</td>
<td>2</td>
</tr>
<tr>
<td>5\textsuperscript{th} Generation</td>
<td>3</td>
</tr>
<tr>
<td>6\textsuperscript{th} Generation</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of Farmers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>14</td>
</tr>
<tr>
<td>Female</td>
<td>1</td>
</tr>
</tbody>
</table>
Interview Locations
Stressors and Coping Strategies in Rural Farmers: A Qualitative Study

- Negative coping strategies perpetuated by:
  - High Stress in the farming population
  - Barriers to care
  - Stigma
- Understanding coping strategies can:
  - Help practitioners treat their patients
  - Help researchers develop appropriate interventions and programs
  - Help community members ensure the health and safety of farmers.
- The purpose of this study was to identify distinct stressors associated with a farming lifestyle and coping strategies used by farmers to deal with stressors.
Sources of Stress

"That year that all that happened [drought], it stressed me out pretty bad to the point where I had to go to the doctor to take some medication because I was losing my mind. I hadn't really seen anything stress related other than that"

"Little kids at home and you don't get to see them [...] it's especially a strain on a marriage"

“If you don’t start the day feeling like people hate you, go and drive the tractor down the road. By the time you get where you’re going, you’ll feel like everyone hates you... the one thing in the whole wide world that makes my day than anything else is someone just waves”

MAJOR STRESSORS

1. FINANCIAL
   Market prices, equipment cost, animal care, loans and high debt, taxes, insurance

2. ENVIRONMENTAL
   Weather, wildlife and pests, recovering financially from environmental disasters

3. NO WORK LIFE BALANCE
   No free time, constant monitoring of farming operation, long hours no time with family

4. PHYSICAL HEALTH
   Injuries, exposure to chemicals, lack of medical care to deal with farm-related injuries

5. ISOLATION/LACK OF RESPECT FROM NON-FARMERS
   Negative interactions with non-farmers, a lot of time spent alone
<table>
<thead>
<tr>
<th>Stressors</th>
<th>Frequency N (%)</th>
<th>Sub-Themes</th>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finances</td>
<td>14 (93%)</td>
<td>Market prices, equipment cost, animal care, loans and high debt, taxes, insurance</td>
<td>“most of the time our budgets don’t even work out on paper.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>“borrowing a lot more money to make about the same … and really one bad decision could mess you way up.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>“The concerns here is that am I going to be able to keep it all together to pass on like it was passed on to me and my brother?”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>“That year that all that happened [drought], it stressed me out pretty bad to the point where I had to go to the doctor to take some medication because I was losing my mind.”</td>
</tr>
<tr>
<td>Environmental</td>
<td>9 (60%)</td>
<td>Weather, wildlife and pests, financial costs associated with weather-related events</td>
<td>“Little kids at home you don’t get to see them” and that this was “especially a strain on a marriage.”</td>
</tr>
<tr>
<td>Work-Life Balance</td>
<td>7 (47%)</td>
<td>Long hours working on the farm, constant vigilance and monitoring of farm operations, little to no leisure/free time, lack of opportunities for vacation, and lack of time with family</td>
<td>“I’ve had in bed many a night, worrying about, are we going to make it through this batch?”</td>
</tr>
<tr>
<td>Physical Health</td>
<td>5 (32%)</td>
<td>Development of repetitive stress injuries, injuries during maintenance of farm structures or equipment, unexpected exposure to chemicals and fertilizers, lack of medical care to deal with physical injuries, physician insensitive to farmer’s work</td>
<td>“I still have anxiety, I wake up three or four times per night, every night. I wake up thinking about the same thing I think about during the day.”</td>
</tr>
<tr>
<td>Isolation/Disconnect From non-farmers</td>
<td>4 (27%)</td>
<td>Negative personal interactions with non-farmers in the community, disconnection from policymakers, who’s decision’s influence their day-to-day operations, remote nature of work, lack of prospective workers due to low population in rural areas</td>
<td>“You do not start out the day feeling like people hate you, go and drive the tractor down the road.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>“But there is no one elite to hire, which is why I can’t fire you, right? I mean, the other day I caught him drinking on the job. That is a huge no no. And if I don’t care if he drinks, but don’t do it around equipment. I mean, that’s a huge no no. But I can’t fire him because I don’t have anybody replacing him. So you kind of have to deal with whatever you get hired at the time being.”</td>
</tr>
</tbody>
</table>
"Farmers are very independent....proud. So I feel sure they do a good job [hiding coping strategies]. There are probably some out there that wouldn't even think about the things they are doing is something to cope."

Coping Strategies

- **Positive**
  - Family time
  - Non-farming hobbies
  - Faith
  - Small breaks

- **Negative**
  - Retail therapy
  - Substance abuse
  - Alcohol use
  - Crying
  - Stress Eating

“I go to therapy, which helps. He has liquid therapy. So that’s kind of how we handle it.”
Highlights

- **Negative Coping Strategies - Substance Use**
  - Alcohol used to decompress
  - Alcohol provides connection

- **Positive Coping Strategies**
  - Religion
  - Small breaks helped farmers escape from “constantly thinking about their work”
Discussion

Cultural norms may amplify negative coping strategies

Rural farming communities are tight knit, lacking anonymity and privacy

Barriers to care for mental health and substance use treatment

“Relentless Worker”

• Salutogenic approach
• Messaging that reinforces family time & small breaks
• Provide farmers with health assessments, encouraging provider referrals, and stress management workshops
“It’s easier to go to the beer store than ask for help”: A qualitative exploration of barriers to healthcare in rural farming communities.

Farmers:
- Have few touchpoints with traditional healthcare resources
- Are less likely to have insurance coverage
- Live in communities where mental health treatment is often stigmatized

Understanding barriers to care can:
- Lead to the development of culturally sensitive interventions
- Improve practitioner-patient relations
- Inform policy decisions
### Health Outcomes

- Anxiety symptoms reported by 80% of participants
  - Lack of sleep, physical consequences
- PTSD
  - Either sustained injury themselves or witnessed another farmer have an accident while working
- Physical Injury
  - Chemical burns
  - Chronic stress injuries
  - Overweight/Obesity
  - Mouth ulcers
  - Acid reflux
  - Injuries from farm equipment

### Access to Services

- 67% of farmers preferred to receive services through their PCP and 80% said they would feel comfortable speaking with PCP about mental health issues
- 20% of farmers had received anxiety medication through their PCPs
- 93% of interviewees had not seen a mental health care professional and only 36% knew of an option of care in their area
# Barriers to Seeking Care

<table>
<thead>
<tr>
<th>Themes</th>
<th>Concepts</th>
<th>Quotes</th>
</tr>
</thead>
</table>
| Cultural Norms in Farming Community | ● Pride  
● Male-centered  
● Privacy/Anonymity                      | "That's kind of how I look at it. Just suck it up and get over yourself, type deal. I don't think it makes you less of a man by talking about it. I'm just not going to go out and start talking about what is going on."  
“My doctor, look, I go to church with him. you see him out and I know doctor patient confidentiality and everything but.... almost like maybe I’m going to go to a doctor outside my local county, that way I don't have to see them out and about in town” |
| Normative Beliefs              | ● Self-Reliance  
● Resilience                                           | "I’m comfortable talking to y'all about it but I wouldn't spend my hard-earned cash to talk to a therapist about it"  
“In a way it feels like a flaw that you have that I can't deal with something I'm supposed to be able to deal with.” |
| Stigma                        | ● Public Stigma  
● Self-Stigma                                           | "I guess like, yeah if word gets out that you're going to get help or whatever people will talk” |
| Formal Healthcare Challenges  | ● Physical distance  
● Low resources  
● Disconnect from PCP  
● Insurance concerns  
● Accessibility of mental health care services | “Good luck getting a good insurance because you are self-employed”  
“We’re 30 minutes, 40 minutes from the nearest hospital? In all honesty, they ain't that great of ones that far, and it’s kind of one of those things.”  
“Going back to medical stuff….for us to do much of anything is a drive to Athens or Gainesville” |
Interaction of multiple contextual factors impact help-seeking behavior

There are more prominent barriers to seeking mental health care

There are distinct generational differences in willingness to discuss mental health

To address barriers to care

- Destigmatizing media campaigns
- Increased emphasis on cultural humility for practitioners in rural areas
- Emphasis on telehealth in rural areas to circumvent concerns of physical distance and stigma
Future Work

- Development of a standardized instrument for measuring barriers to care in rural farming populations.
- Surveying farmers across the United States to explore if themes uncovered in initial research are consistent across farming populations.
  - Cultural norms in the farming community
  - Normative beliefs about healthcare in the farming community
  - Stigmatization of mental health in the farming community
  - Formal healthcare challenges
- Once data collection is completed, analysis of responses to determine which barriers are the most impactful on farmers’ help-seeking behavior.

Interested in sharing your experience about barriers to care in your community? Scan this QR code to be entered into a raffle for 1 of 10 $50 Amazon gift cards and be taken to our questionnaire!