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Advocating Social Change: A Critical Ethnography Exploring Health Disparities Among Latina/o Immigrant Farmworkers Experiencias Vividas (Lived Experiences)

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This study explored the health disparities among Latina/o Immigrant farmworkers lived experiences in Kern County, California. This study used a qualitative ethnographic study design. Data were collected through oral testimonies from structured interviews with eight Latina/o documented/undocumented immigrant farmworkers who worked in agriculture for at least 3 years and were over the age of 18. Five major themes and 16 subthemes and findings related to the health disparities experienced by Latina/o immigrant farmworkers were identified: (a) structural barriers, (b) social barriers, (c) socioeconomic barriers, (d) cultural barriers, and (e) fostering social change. The findings corroborated with the testimonios shared by participants regarding their health disparities experienced on the farms.

Keywords: Latina/o Farmworkers, immigration, health disparities, California, advocacy

Introduction

Research Objective

Studies have suggested that Latina/o immigrant farmworkers are at a disadvantage when it comes to obtaining proper preventative healthcare (Kandula et al., 2004). Unless this trend is dramatically changed, it will present a major problem for a majority of the American Latina/o immigrant farmworkers who harvest the fruits and vegetables that are consumed daily. Health disparities among marginalized groups are related to this group's social economic disadvantages, occupational status, educational attainment, and the lack of access to desirable resources (Jackson et al., 2016). Latina/o immigrant farmworkers are exposed to various illnesses because of working in harsh weather conditions, lack of proper sanitation facilities, and being exposed to pesticides (Ramos, 2018).

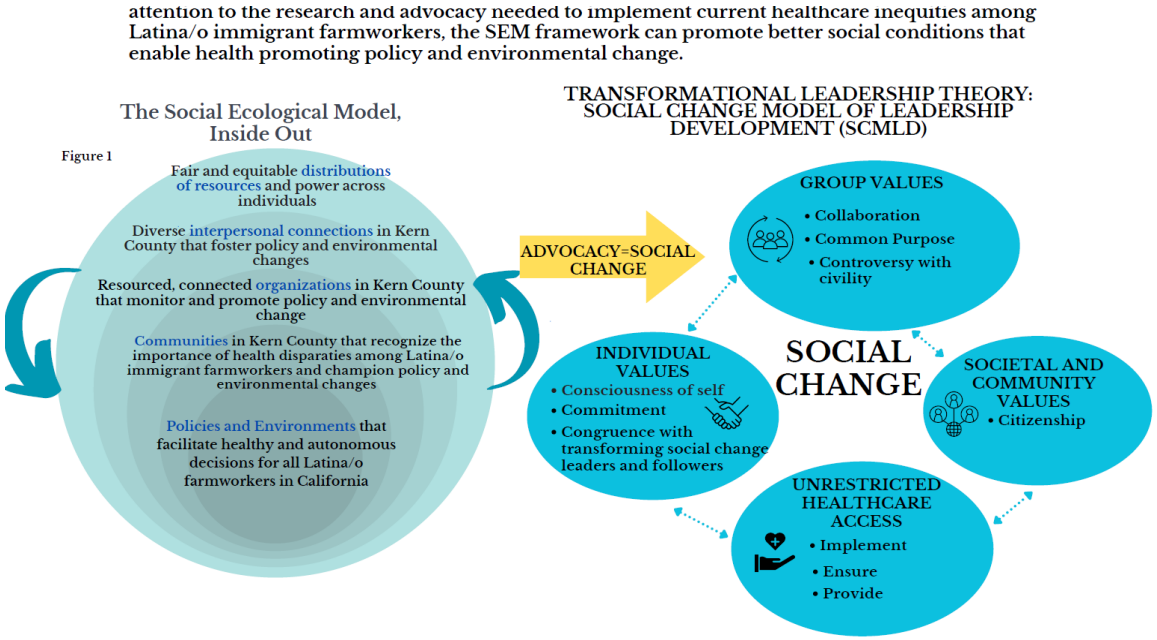
Arguably, expanding on the topic regarding lived experiences of Latina/o immigrant farmworkers who experience health disparities can bring more awareness to this underrepresented group and a change in leadership direction. Latinx agricultural laborers' contributions to maintain global sustainability depends on understanding that their wellbeing is central to ensure other people's well-being and reliance on this group's agricultural labor (Meierotto et al., 2020). Limited access to effective healthcare is a leading cause concerning major health problems in the United States.

Although many Americans have proper effective healthcare, many Latina/o immigrant farmworkers continue to experience inequities in that same effective healthcare that lead to health disparities among this group (Bloss et al., 2022). For example, Latina/o immigrant farmworkers are less likely to have private or public health insurance compared to U.S. born citizens and twice as likely to be uninsured as U.S.-born citizens because of high rates of poverty, limited education opportunities, and unlawful immigration status, leading factors among this group's health disparities and health inequities (Kandula et al., 2004). Hence, the healthcare disparities and barriers experienced by Latina/o immigrant farmworkers in the state of California should be a major concern among policy makers, academics, community leaders, healthcare providers, and the general public. This study explored the lived experiences of Latina/o immigrant farmworkers affected by health disparities.

Theoretical Framework

The social ecological model (SEM) inside out conceptual framework and transformative Transformational Leadership Theory Social change model of leadership development (SCMLD) theory frameworks were used in this study. The SEM as a framework is widely used in public health research and practice applying an inside out approach by placing health-related and social policies as the main issues to conceptualize ways in which individuals, social networks, and organized groups produce a community fostering effective healthful policies and environmental developments to help underprivileged groups prosper (Golden et al., 2015).

Figure 1
The SEM Model Inside Out



Note. Figure 1 demonstrates the SEM, inside out conceptual SCMLD theoretical framework that can lead to social structural change among Latina/o immigrant farmworkers.

By using the SEM conceptual framework model, this study visually depicted the dynamic relationships among Latina/o immigrant farmworkers and the development of health-related policies within their environments and the social structural changes needed to improve the disparate circumstances of this group. The SEM, inside out conceptual framework was used to explain health enhancing structural changes that can lead to social change among Latina/o immigrant farmworkers (Golden et al., 2015). The social change framework offered effective methods that addressed the barriers and healthcare disparities that Latina/o immigrant farmworkers experience when trying to obtain healthcare in the United States; these consisted of policies and environments, communities, organizations, and fair and equitable distribution of resources. Combining both the SEM and SCMLD conceptual/theoretical frameworks can lead to transformative social change addressing structural barriers, healthcare inequities, healthcare disparities, and advocating for more resources to help this marginalized group.

Research Questions

There is one central research question in this qualitative critical ethnographic study and four subquestions that we used to explore Latina/o immigrant farmworkers health disparities through their lived experiences.

Research Question 1:
How do Latina/o immigrant farmworkers perceive restricted access to healthcare through their lived experiences?

SubQuestion 1: How do societal barriers affect Latina/o immigrant farmworkers socially?
SubQuestion 2: How do societal barriers affect Latina/o immigrant farmworkers economically?
SubQuestion 3: How do societal barriers affect Latina/o immigrant farmworkers culturally?
SubQuestion 4: How can the SCMLD enable trusting relationships with individuals, groups, and community within the Latina/o immigrant farmworker population to promote social change?

Literature Review

Many health inequities in the U.S. healthcare system restrict access or make it more difficult for this vulnerable group to access proper healthcare because of their immigration status (Galvan et al., 2021). According to lived experiences of Latina/o immigrant farmworkers, many developed health disparities while performing agricultural labor duties in Kern County. This group's exposure to toxic effects including chlorpyrifos, which is a type of agricultural insecticide used around Latina/o immigrant farmworkers, has serious consequences

to their health (von Glascoe & Schwartz, 2019).

Moreover, some cultural factors restricting much needed healthcare access to this is group are based on discriminatory immigration policies and structural barriers that eventually play a part in the declining health among Latina/o immigrant farmworkers (Bacong & Menjívar, 2021). Both male and female participants who were documented and undocumented Latina/o immigrant farmworkers were included in this study.

Additionally, the children of Latina/o immigrant farmworkers were discussed on how they are affected by their parent's health disparities because of health inequities. The research sites were the agricultural fields and homes of participants. Agricultural farm work is considered to be one of the 10 most dangerous jobs in the United States, and this work has some of the lowest paid wages and inhumane working conditions (Camacho & Rivera-Salgado, 2020). Latina/o immigrant farmworkers met labor needs that have substantially helped farming operations in U.S. agricultural fields. In 2015, migratory farmworkers contributed at least $992 billion to the U.S. economy by meeting U.S. labor needs that exceeded labor availability (Meierotto et al., 2020).

The National Agricultural Workers Survey (NAWS) asserted that 73% of farmworkers are immigrants, and 68% were born in Mexico and NAWS further added that currently there is an estimated range from 2.5 to 3 million Latina/o immigrant farmworkers laborers working in the United States (Holmes, 2020). Latina/o immigrant farmworkers live in rural communities where most settle and raise their families, and in these rural communities they shape their community's climate culturally, politically, and economically but visit their homelands less frequently after settling in rural communities (Meierotto et al., 2020). Although NAWS has statistics of an estimated number of Latina/o immigrant farmworkers working in U.S. agriculture, these statistics are difficult to estimate because of Latina/o agricultural farmworkers moving often within a transnational circuit and intentionally remaining in hidden spaces, which impedes the production of accurate data (Holmes, 2020).

Protecting the general wellbeing of Latino immigrant farmworkers should be a priority because they are important contributors in the circumstances of global environment change, and protecting this group's general health well-being should be a primary issue. Even though the term wellbeing may be framed in various ways across academic methodologies, this term is best expressed through the lived experiences of Latino immigrant farmworkers themselves There should be further research and action regarding Latino immigrant farmworkers' safety, health, food security, poverty, and job protection (Meierotto et al., 2020). Although society tries to address the wellbeing of Latino immigrant farmworkers by the changing of laws, policies, and healthcare programs to aid and level out the inequities, there is still much to do to help this group. For example, there are great health inequities among the 1.1 million agricultural Latino farmworkers in the United States who need better health services (Bloss et al., 2022).

Although obtaining the general health status knowledge of immigrant farmworkers is difficult because of their frequent migration patterns and undocumented status, recent estimates have suggested that of the 6 million immigrant workers in the United States, at most 70% are undocumented, 90% are men, half earn less than $10,000 per year, are exposed to pesticides, and are isolated from family and society (Becker Herbst & Guarda-Gonzalez, 2018).

Methods

Participants

Eight Latina/o documented/undocumented immigrant farmworkers working in the agricultural farm fields of Kern County, California participated in this study. The subject of this study was Kern County's Latina/o immigrant farmworker population. The population of this study was Latina/o immigrant farmworkers who have experienced health disparities related to their agricultural work environments. Kern County was the focal point of this research study. Kern County is a county with a population of 916,108 located 132 miles north of Los Angeles. To participate in the study, participants needed to be documented or undocumented Latina/o immigrant farmworkers over 18 years old who had worked in the fields of agriculture for at least 3 years. This was accomplished by building relationships based on trust and gaining access through a known gatekeeper within this population (Creswell & Guetterman, 2019). The selection criteria used on this study to select participants based on their experience in farm work. (See Table 1)

Measures

The potential data collection methods in this qualitative critical ethnography were gaining access through a gatekeeper, getting permission from participants, having the participants speak for themselves, inviting theoretically mediated interpretations of lived experience through dialogue, interviewing, putting together forms of data, organization of data, revising, and writing the ethnography using oral testimonies by participants as data collection (Madison, 2020).

Procedure

During this interview data collection process, open-ended questions were asked to each participant. The researcher ensured that each participant understood the open-ended questions translated from English to Spanish and back translated from Spanish to English. This was to ensure participants understood the content's clarification and accuracy to maximize the study's

rigor. The interview questions/oral testimonies were planned accordingly to align and direct the research subquestions in this research study and understanding the life histories and perceptions of Latina/o immigrant farmworkers. The interview questions in this critical ethnography consisted of 13 open-ended questions followed by one follow up question that was phrased clearly and was understandable when administered to the participants. Furthermore, certain analysis of data in a critical ethnography theory and method may become one in which the analysis served as a magnifying lens to enlarge and transform any small details from the participants' perspective when they were telling their oral testimonio and the researcher identified small details that would usually be taken for granted as ordinary talk; instead, the researcher was able to connect elements of the story that would not otherwise be considered to be significant. The researcher payed closer attention to even the smallest details of the participants' testimonio in this data analysis (Madison, 2020).

Results

To fully understand the health disparities experienced in the United States by Latina/o immigrant farmworkers, the participants in this study described the various social, socioeconomic, and cultural barriers that restricted this group's access to proper and effective healthcare in California. The data collected were obtained through a one-on-one oral testimony interview that allowed this group to tell their stories on how they perceived restricted access to healthcare through their lived experiences. The data collected showed how the SCMLD can enable trusting relationships with individuals, groups, and community within the Latina/o immigrant farmworker population to promote social change.

The following quotes reflect the participants' lived experiences and health disparities:

When asked about stressful working conditions and intimidation, Sandy expressed how foremen/women were disappointed when farmworkers were injured on the job and creating an intimidating environment: "All the other foremen that I worked with did not really like we were injured on the job and we did get injured they expressed disappointment in their behaviors by shouting "otra vez [again]" or "te estas haciendo [you are faking it]!" I tried my best not to get injured because I knew the healthcare and job retaliation was not worth it. We all felt threatened and uncomfortable working on this farm."

When asked about how they perceived these experiences, many participants asserted that their work environments provided them with inadequate care, and they developed a mistrust of healthcare providers, Jaime said "There was a time when I hurt my back in the table grape farm and when I asked the foreman that I needed medical attention, the foreman instead of sending me to the local clinic handed me a back brace. He even mocked me and told me "No llores, nadamas las mujeres van al hospital [Do not cry, only women go to the hospital]." I was young and strong so this might have given him the impression that I was faking my injury.

Recurring Theme

In this study, a recurring theme emerged that had to do with this group's transformative social change within their environmental working conditions. This social change has been fostered by the UFW. According to the participants' oral testimonies, the UFW has improved their environmental workplace conditions and have provided them with better healthcare alternatives throughout their years of working in the farms. When participants were asked about their historical perspectives, their responses indicated that they wanted to seek better wages and healthcare for themselves and their families in the United States.

In fact, many participants experienced extreme weather conditions, intense physical labor, and social barriers. Many participants were able to withstand such conditions by remaining resilient when faced with obstacles. The resiliency among Latina/o immigrant farmworkers helped describe the immigrant epidemiological paradox in which some are convinced that Latina/o immigrant farmworkers experience a range of mental and physical health challenges, and others believe that Latina/o immigrant farmworkers experience better physical health and lower mortality than non-Hispanic Whites when it comes to health disparities, namely increased rates of poverty, obesity, and diabetes (Ruiz et al., 2016b).

Discussion

One contribution to this study explained how tensions existed between farmworkers and the UFW. The UFW did create opportunities for Latina/o immigrant farmworkers. But the UFW may not have created a safe space for this group. That is, a tension existed between farmworkers feeling empowered by social advocacy organizations that were driving for rights and social justice for this marginalized group. Latina/o immigrant farmworkers still felt disempowered by these social advocacy organizations. For example, although the UFW was able to change and improve Latina/o immigrant farmworkers workplace environments, according to the participants, there was no agency associated with the UFW's goal of getting this group to take part in their community programs and advocacy when reaching out to this group via available resources, internet websites, and literature. In an effort to bring awareness to the health disparities among Latina/o immigrant farmworkers, healthcare leaders, agricultural managers/leaders, and community leaders play a vital role in improving healthcare attainability for present and future Latina/o immigrant farmworkers in the U.S.

Above all, healthcare leaders have a well-

rounded understanding of Latina/o immigrant farmworkers restrictive access to healthcare, especially healthcare leaders performing care on this group in small clinics located in rural areas. As a social change advocate, the researcher focused on shifting critical behaviors affecting Latina/o immigrant farmworkers health inequities by rearranging existing positions about U.S. healthcare treatment toward this group into new positions that foster trust in U.S. healthcare by educating, informing, and making them aware of their available resources. Nonprofit organizations such as the United Farm Workers (UFW), Farmworker Justice, Coalition of Immokalee Workers, and the National Center for Farmworker Health can offer mentoring to advocates and farmworkers through leadership training and community organizing workshops.

Limitations

Limitations are potential weaknesses within the research study identified by the researcher (Creswell & Guetterman, 2019). The first limitation of this research study was that I obtained the point of view of only Latina/o immigrant farmworkers instead of their employers. Employers could have added information from their perspective. Also, the researcher did not obtain information on healthy farmworkers who might not have had any health problems due to working in the farms. A second limitation was the small sample size of eight participants interviewed. A larger and more diverse sample size could have strengthened this research study. For example, comparing farmworkers that did not experience health disparities with farmworkers that did experience health disparities such as the participants in this study.

Conclusion

Future studies should include discussions about public policies affecting this group's wellbeing that led to health disparities. Policymakers can enact laws that change how healthcare leaders and agricultural leaders react when providing educational resources and healthcare for Latina/o immigrant farmworkers. As discussed in this study, there have been environmental improvements in these areas for Latina/o immigrant farmworkers, but only public policies can enforce and sustain these environmental improvements without reverting back to dismantling the progress already made throughout the years.

Moreover, further studies can include quantitative research studies such as longitudinal correlational research.

A longitudinal quantitative research study entails surveying data about current trends within the same population, changes in a group, and changes in and of the same individuals over time. For example, a researcher can gather data on how community better living programs have improved the health of Latina/o immigrant farmworkers and their families to help this group remain thriving and healthy.

Other quantitative studies can include correlational research whereby a researcher can assess statistical data whether safety warmup exercises before work can prevent injuries in the workplace for immigrant farmworkers (Creswell & Guetterman, 2019). As most participants emphasized, environmental conditions, healthcare, and living conditions have improved throughout the years for Latina/o immigrant farmworkers by fostering a social change among this group's health disparities. Gaining trustful relationships with participants in this research study was vital. Many participants were willing to share their lived experiences with the researcher, which was a key part of his reflective experience in this study.

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Appendix

Table 1
Summary of Participant information

Pseudonym	Gender	Age	Years worked in agriculture
Ricardo	Male	60	40
Jesus	Male	56	38
Sandy	Female	48	29
Antonia	Female	35	17
Jaime	Male	45	27
Abel	Male	50	30
Jorge	Male	54	36
Linda	Female	55	39