



AgriSafe’s FarmResponse®: Qualitative Analysis of the 6 Month Post-FarmResponse Provider Interviews

Introduction

Healthcare providers benefit from knowing how to initiate conversations with farmers and ranchers about stress and behavioral health. Providers that live in rural areas or those providing services via telehealth may not be equipped to understand the unique stressors and injury risks associated with agricultural work. Integration of professional development in practice requires exposure and mastery of content, reflection at multiple stages of learning, and the lived experience of integrating that knowledge in their communities of practice.

In February 2022, AgriSafe launched FarmResponse as an on-demand interactive course through AgriSafe’s Learning Lab. The FarmResponse course addresses farming and ranching cultural competencies for healthcare providers and specialists by exploring the effects of financial stress, land ownership and legacy issues, substance use, suicide, and the effects of agriculture on mental wellbeing. The curriculum is based on the Total Farmer Health Model, as it relates to the determinants of mental health in agriculture.

AgriSafe’s FarmResponse review and evaluation projects have been robust. The first evaluation project was derived from the small sample pilot group as a final check before the greater public launch in February 2022. In January 2023, the FarmResponse curriculum evaluation was conducted using 500 completions between February 2022 and January 15th 2023. This evaluation consisted of pre/post test question evaluation analytics, summary of demographics, quantitative evaluation questions regarding the learning objectives, curriculum delivery, and general open-ended questions to elicit learner’s thoughts and suggestions for

improvement of the course. This data was summarized in an official report to a supportive partner NIOSH Central States Center for Agricultural Safety and Health (CS-CASH).

This report contains the findings of the third FarmResponse evaluation project using qualitative interviews of FarmResponse certified healthcare providers 6 months post completion of the course. The project's aims were to understand the long-term impact of FarmResponse on a provider's practice, knowledge, and attitudes toward agricultural communities. Interview questions were developed by the team and vetted through Cheryl Besler, PhD, an Adult Learner and Evaluation Specialist with NIOSH funded CS-CASH.

Methods

FarmResponse certified professionals are asked during the FarmResponse evaluation if they would be willing to be contacted by AgriSafe at a future date. Of those that completed the course, forty-five indicated they could be contacted. Emails were sent to those 45 individuals outlining our intent, an introduction the project and request for volunteers to schedule a 15-minute interviews to discuss FarmResponse. The email provided a scheduling link and the option for phone or virtual chat.

We allowed 2 weeks for responders to volunteer and schedule. Interviews were conducted by a single interviewer over a 2-week period. Responses were collected through notes taken by the interviewer. While the interviewer used a framework of questions, it was acceptable to allow participants to elaborate, expand, and add information with their responses. In total, 18 follow-up interviews were conducted during May of 2023. The questions that were asked are listed below:

1. Have you had opportunities to use your training with those who work in agriculture during the course of your practice in helping patients and clients?

2. How often do you use the training you received in the FarmResponse curriculum?
Prompt: Weekly, Daily?
3. In your work, has the FarmResponse training changed your approach with people who work in agriculture? If so, how?
4. Do you think your ability to ask questions that make patients who work in agriculture feel more comfortable talking to you has changed? If yes, can you give an example of a conversation where you were able to build trust with a patient so that you could better help them with their physical or behavioral health concerns?
5. How important do you think it is to understand the agricultural culture when addressing behavioral health concerns in this community? Prompt: Do you feel that having a good understanding of the challenges faced by farmers and ranchers opens up dialogue about the stresses and challenges they face?
6. Do you recall the clinical conversation tool that was presented as a guide for conversations with people working in agriculture? Are you using it and/or finding it helpful? Would you like me to send you a copy of this tool?
7. Was there an aspect of the training you felt you needed but did not receive?

Results

The theme the first question was addressing was if providers had had opportunities to use the training with those who work in agriculture. Participants that responded yes (they had applied the training) were grouped into three categories: those who had applied the training beyond agricultural workers, those who had used it in their private practice, and those who were call-center workers. An example of a quote from a participant who has applied the training beyond agricultural workers was: “Yes, though I actually use some of the information gleaned from the

training with more than just agricultural workers.” Examples of quotes from participants who had used the training in their private practice were: “Kind of, just started doing after hours private practice work. Working with a man who works in agriculture. Works with intellectuals with disabilities, many of their families work in agriculture.”; “I have encountered a couple of people who wither currently have farms or had to sell a family farm. Although I did not work with them for continued therapy, I felt I was able to immediately pick up on the impact of their relationship to their farm, and I responded with empathy. I hope to have the chance to conduct some ongoing therapy with people who work in agriculture.” An example of a response from a call center worker was: “Yes, many of the people that call work in agriculture more often than not. The training was very eye opening.” Participants that responded no were grouped into 2 categories: lack of opportunity and not used, but training others to use. Examples of quotes from participants who lacked the opportunity to use the training were: “No, I have not yet had the opportunity to use the training I received.”; “No, but increased awareness for people who work in agriculture or are associated with people.”; “No, most interactions with farmers are a result of them being injured in another capacity, ot on the farm.”; “No, have not been contacted by anyone in agriculture.” An example quote from a participant who had not used the training but was training others to use it was: “No, overall, I thought it was a really good training. I train other therapists and find it really invaluable in terms of how to teach the information to others too. Though it was long, I think it was necessary as then the training was actually thorough. Many similar trainings I actually find are not thorough enough!”

The second question was asking how often participants were using the training they received through the Farm Response curriculum. Responses fell into four categories: weekly, monthly, don’t know, and does not work with agricultural populations. Example responses from

participants who used the training weekly were: “Disaster mental health for Red Cross. Several times a week.”; “Weekly.” Example responses from participants who used the training monthly were: “Maybe monthly? I work with folks in agriculture, and I have for years. There was very little new material I learned through FarmResponse, but there were some good reminders.”; “Monthly”; “So far it is probably closer to monthly. However, I have also educated friends and family about some of the information that I learned from the training to help give more people an understanding of what life as a farmer is like. An example response for don’t know was: “At least 3x.” An example response from someone who does not work with agricultural populations is: “I don’t think I will use it often, but I wanted to have some knowledge and resources to serve farmers. I work for a local mental health authority that services five counties and our more rural counties would likely have farmers that may reach out for help.”

The third question was trying to discern if the FarmResponse training had changed participants' approaches with those working in agriculture. Responses were coded into yes or no. Example responses for yes were: “Yes, it has opened my mind to different things to be aware of when assessing someone that works in agriculture.”; “Yes, I suppose so. I’m more aware of the unique issues they have to deal with because of the course.”; “Changed how she integrated things, Made her more aware of biases. Increased awareness?”; “Definitely, learned things she had no idea of. Greater respect. Live in sugarcane area.”; “Yes, because she learned things she didn’t know and was reminded of things she did know.”; “Certainly, it has helped me to attune and offer empathy whenever I heard that a person works or has worked in agriculture!” Example responses for no were: “Not really. Reinforced approach.”; “No. I have worked with and have been a part of this community for most of my life.”

The fourth question was looking at participants ability to ask questions to patients who work in agriculture that would make them feel more comfortable. Responses were coded into two categories: personally, relating to farm life and knowing what to ask. Example of responses from participants who personally related to farm life by sharing their own farming background were: “I actually have an agricultural background (so to speak – born and raised on farm). I didn’t realize how important it was to reveal this fact to clients.”; “Yes. Disasters like fires/tornadoes. Farmhouse was damaged, utilized training.” Participants who better knew what to ask were grouped into two categories: knowing specific questions to ask and opening up the dialogue. Examples of participants responses from specific questions to ask were: “Yes, very much so. Knows specific questions to ask these specific patients.”; “Very, very important! Absolutely, having the understanding that I gained from this training has given me the ability to have conversations or to ask questions about aspects of their lives that I would never have thought of before, ow would not have understood very well.” An example of a response about opening up dialogue was: “More in the thought process. Before she took the training, hadn’t thought about that the population she worked with was primarily rural. More thoughtful of it. Tries to be more of a conversationalist.”

The fifth question asked about the importance of understanding the agricultural culture when addressing behavioral health concerns. Every participant responded that yes, it was important. Example responses are: “I think having a better understanding of the culture quickens the rapport building task.”; “Very important”; “I think it is extremely important to understand the culture of the clients we work with.”; “Extremely important. Wants to retake course for helping pregnant women”; “Lived in this community her whole life, reminded through the training of difficulty for people from this community to access mental health services. One of the reasons is

that many workers historically are not encouraged to acknowledge that they have mental health issues. Extremely relevant. Just because someone doesn't know how to ask for help, doesn't mean they don't need help.”; “Very, very important! Absolutely having the understanding that I gained from this training has given me the ability to have conversations or to ask questions about aspects of their lives that I would never have thought of before, ow would not have understood very well.”

The sixth question was asking if participants had used the clinical conversation tool. Responses were coded into three categories: yes, no, and somewhat. Example responses for yes were: “Yes, I recall that tool. I believe I made a copy⁶ of it. I also have the cards, brochure, and flyers I was sent on my desk with my other referral information ready to be handed out if needed.”; “Yes. Send me a copy.”; “I do recall the tool, but I don't remember thinking it was especially useful in my practice and with my experience. I would be willing to take another look and give it a try.”; “Yes. Email.”; “I do recall that, and I have it saved as a pdf on my computer. I have not used it with any of my clients yet, but I hope that I get the chance to do so!”; “Yes, email a copy.” Examples of responses for no were: “I don't recall that piece specifically, so if you'd be willing to send a copy, I would appreciate reviewing it.”; “No. Send email.”; “I have not used it but do have a copy in my files.”; “No”; “No. Email a copy.”; “I don't recall it specifically off hand, but should I work with one of these clients, I will be referencing it for sure! (I think I have it already, but please send me another copy just in case!). Example responses for somewhat were: “Somewhat, has it on hand”; “Vaguely, email”.

The final question was asking about aspects of the training that were needed but were not received. Responses were coded into no and yes. Example responses for no were: “Not that I could think of.”; “No, excellent refresher.”; “No.”; “No. I found it to be very thorough.”; “I

thought it was a good reminder of a lot of things for me but living and working in this community for almost 40 years leaves me with a pretty good understanding of things. I am sure there is a lot I don't know and will need to learn when I move to a different location this summer, but as far as things go with where I am at now, I feel like the program did a good job of sharing insight with folks less versed than I am.”; “No. Comment: Some of the questions needed to be looked at through the item rank process. Poorly written questions. Good content thought.”; “No, very comprehensive, more than other population-based trainings. Felt like it was put together with love.”; “No, very comprehensive, learned things she didn't know even coming from this background.”; “Felt like it was good. A lot that she didn't know or wouldn't have thought of. Made her much more aware of stigma. Really great program. Got at the big-time stressors.”; “No, well don't.”; “Not the training itself. Knew a lot of what was presented. Wondered how to put the training to use.”; “No, overall, I thought it was a really great training. I train other therapists and find it really invaluable in term of how to teach this info to others too. Though it was long. I think it was necessary as then the training was actually thorough. Many similar trainings I actually find not thorough enough!” Example response for yes were: “General training. Wanted more specifics. Felt that some aspects of the training were a part because of checking boxes, felt that some of these aspects of the training were not actually applicable to many people in the community. Too much of an emphasis on inclusivity.”; “The only thing that comes to mind is that it would be helpful to be connected with others who have also completed the training, to see where they are and how they do their work.”; “Yes, felt like it needed more gearing towards undocumented workers.”; “Wished there was less of a focus on the landowners, more of a focus on the workers.”

Discussion

Understanding the stresses and the culture in which stressors are experienced in the agricultural community is critical to increasing communication between healthcare providers and farmers and ranchers. Improving understanding can increase trust, build relationships, and improve the health and wellbeing of farm families in rural communities. The FarmResponse curriculum is primarily attracting those in counseling and medicine who interact with patients in their practices and clinics. In order to improve the current evaluation of FarmResponse and assure it is reaching those would most benefit it, better information needs to be collected on where participants are working and how they are using this information.