

Georgia Extension Agents' Perceptions of Rural Stress

Jessica Holt, Ph.D.
University of Georgia
jaholt@uga.edu

Madison Crosby
University of Georgia
mec14669@uga.edu

Kevan Lamm, Ph.D.
University of Georgia
KL@uga.edu

Abigail Borron, Ph.D.
University of Georgia
aborron@uga.edu

Alexa Lamm, Ph.D.
University of Georgia
alamm@uga.edu

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Abstract

Rural populations, including farmers, are often disconnected from more populated areas. This disconnect includes access to healthcare and resources to address stress and mental wellbeing. Stress has been shown to lead to increased suicide rates and substance abuse. Because Extension agents are often a trusted source of information within these rural communities, identifying rural communities' levels of stress is an essential step in creating programmatic efforts to address mental health disparities with these individuals. Utilizing a 10-item survey, Georgia agents' perceptions of stress/mental health in their communities were measured. The survey results of 281 agents (90% response rate) were analyzed for means and frequencies to better understand what specific factors associated with stress/mental health may be the most pressing for rural communities. The findings indicate the level of stress varies by location within the state. This finding indicates programmatic efforts and future research may need to target specific location needs given the unique needs of the audience, rather than a one-size-fits-all approach.

Introduction

With agriculture being the largest industry in Georgia, contributing \$73.3 billion annually to the state's economy (Kane, 2019), the farming population of the state is relied upon heavily to sustain a significant contribution to the state's economic viability. With such a large portion of the state's economy dependent upon the success of its rural communities, it only stands to reason the health and wellbeing of those involved in agriculture would be a forefront of consideration. However, little research or programmatic efforts have been solely focused on understanding the impacts mental health and stress play on rural communities, specifically farming communities.

According to the U.S. Census, rural is defined as "all territory, persons, and housing units not defined as urban" (Ratcliffe et al., 2016, p. 2). In 2010, this defined area accounted for approximately 97% of the U.S. land area and 19.3% of the population (Ratcliffe et al., 2016). According to the most recent documents, in Georgia during 2012, 38.6% of the state's land was used for agricultural purposes and in 2018, 17.1% of its population occupied rural lands (Rural Health Information Hub, 2019). As the demands and challenges of production agriculture continue to grow and unfold, rural communities become ever increasingly essential.

Over the last decade, a prevalent issue in rural U.S. communities has become mental health and stress (Centers for Disease Control, 2019a). Primary indicators of this issue are documented in the increase of pharmaceutical addiction and suicide rates (Centers for Disease Control, 2019b; Centers for Disease Control, 2019d). With approximately 46 million individuals living in these rural areas, this level of social disparity is observable, but often overlooked (Centers for Disease Control, 2019c). In 2018, 13.9 suicide deaths per 100,000 people within the population of Georgia were reported (America's Health Rankings, 2019). Additionally, the Centers for Disease Control and Prevention has reported an increased risk of suicide in rural areas than urban populations (Clay, 2014). Experts have attributed this increased risk due to higher use of drugs and alcohol, with fewer health care providers and hospital access, as well as access to firearms (Clay, 2014). This increased risk poses many risks to the overall health and

vitality of rural communities. In the following section, considerations to rural stress/mental health within rural communities is expounded upon to further elucidate the issues mentioned above.

Conceptual Framework

The boundaries of rurality can often be visually depicted with open fields along a highway; however, much like mental health the definition of rural is much more complex and divisive. While the U.S. Census Bureau defines rural as not urban, and defines urban as those areas with 50,000 or more residents (Ratcliffe et al., 2016) other sources apply culture, lifestyle, and clusters of residents (Ratcliffe et al., 2016; Vanderbroom & Madigan, 2007). The current study was not developed to add validity to a definition of rural, rather to recognize that the needs and barriers of those residents in less densely populated areas, specifically farming areas, are different than those in urbanized areas.

Rural Culture

With pharmaceutical addiction and suicide rates on the rise in rural communities, the need to identify the associated catalyst is essential. One contributing stressor is the overall work environment. By working and living in isolated areas and having little time away from work, farmers have minimal separation between work and personal life (Gregoire, 2002). In addition, the farming community can include living in small, tight-knit rural communities, which can lack privacy. These factors can create additional stress and exhaustion, which can lead to accidents (Naik, 2017). Compounding that stress, agriculture and farming have unique and variable factors that can add stress and uncertainty. For example, Kolstrup et al (2013) identified that dairy farmers have stressors such as diseases related to livestock, taxes on their production, and negative attitudes of the public toward their practices. These stresses can take a toll on mental health and wellbeing, leading to self-prescribed methods of coping (Clay, 2014; Gregoire, 2002; Naik, 2017).

When seeking assistance for issues related to mental health, male farmers experience barriers like distance to appointments, lack of financial access for help, and stigma associated with mental health and treatment or help-seeking behaviors (Roy, Tremblay, & Robertson, 2014). Research has demonstrated that sometimes in the farming community, the idea of the masculine farmer as tough and self-reliant can conflict with individuals seeking help for mental health issues, which can be construed as a sign of weakness (Naik, 2017). Education, and especially educating young people, in rural areas can help destigmatize mental health and the act of seeking mental health help (Gregoire, 2002). Research has recommended for both governmental and non-governmental organizations to assist with mental health education, awareness, and stigma associated with mental health (Gregoire, 2002).

In New Zealand and Australia, research has recommended implementing preventative programming, online initiatives, events, workshops, and publications to encourage a discussion about mental health in the agricultural industry (Naik, 2017). Mental health programming can assist in opening the conversation and breaking the taboo about mental health in the communities (Naik, 2017), as well as enhance the ability to recognize the signs of mental health issues (El-Amin et al., 2019).

Additionally, farmers are more likely to seek services from people and organizations they trust for health-related information (Kilpatrick et al., 2012). As such, mental health programs need to continue to be outside of traditional medical facilities to help with health in rural and farming communities (Roy et al., 2014). The inclusion of community member volunteers can help with small group counseling sessions and encourage participants to feel more open to expressing their concerns due to their familiarity and living in the same rural community (Thompson & McCubbin, 1987). Research has found that mental health promotion might be better disseminated through other non-governmental networks since most farmers visit their physicians only to deal with obvious physical issues (Gregoire, 2012).

A farmer's family and other social support systems can help farmers' deal with stressors they face (Anderson et al., 2012; Fraser et al., 2005). Other close relationships, such as friendships, can help farmers and serve as a coping device to deal with stress (Roy et al., 2014). For example, role models have been found to play an important role in helping address male farmers' distress and promoting help-seeking behavior for mental health (Roy et al., 2014). Additionally, finding trusted relationships where farmers seek out confidants in their community beyond their immediate farming peers has shown to be important (Roy et al., 2014). Overall, mental health services need to be made more accessible to farmers in a comfortable, trusted environment with trusted people (Polain et al., 2011).

Rural Healthcare

In addition to the individual and contextual challenges associated with rural environments, there are also systemic challenges associated with the rural healthcare system. For example, rural healthcare workers have stressors related to being overbooked with clients, working in multiple locations, a lack of support in staffing due to a high-turnover rate, and frustrations with technology (Hasbrouck & Waddimba, 2017). Research has suggested that healthcare organizations should invest in programming and mentoring to help healthcare workers maintain their health to care for patients, cope with stress, and deal with the stigma of someone receiving help (Hasbrouck & Waddimba, 2017). Previous research demonstrated that mental health services need to be made more accessible, especially to farmers who work closely on their land or who lack mobility (Polain et al., 2011). Additionally, farmers feel physicians need to understand their culture better to treat them more effectively and recognize the risks involved with the integrated relationship between their careers and lifestyle choices (Anderson et al., 2012). Nevertheless, there has been an observable trend to increase mental health literacy and programming in the United States in both rural and urban settings; however, there remains a gap in curriculum catered specifically to rural areas and the nuanced challenges associated within them (El-Amin et al., 2019).

Role of Extension

During the economic crisis in the 1980s, local Extension agents faced many community members dealing with substantial financial loss, changes in their social structure and network, and uncertainty in the future (Molgaard, 1997). People turned to Extension for support because they were viewed as a valued source of information, and people in rural areas trusted their agents during these challenging times (Molgaard, 1997). Programs were set up through the Cooperative

Extension Service to develop plans to help farm families come up with strategies to cope and identify stressors through the use of counselors, both professional or peer-trained, to help farm families deal with emotional and physical stress (Thompson & McCubbin, 1987).

In the past, Extension agents have shown to be vital to connecting and engaging the farming community with the health care professional community (Guin et al., 2012). Extension provides access to education that can promote health education while decreasing the health disparities in rural communities (Fitch et al., 2013). Extension agents can serve as change agents, who communicate desired change to others in a community and, with the assistance of volunteers, can help with health education (Rogers, 2003; Wang, 1974). Training designed to improve the capacity of knowledge for Extension agents to identify and deal with mental health issues can result in agents feeling more comfortable dealing with community members, including farmers, who indicate signs of mental health issues (Hossain et al., 2010). In some communities, county Extension agents are trained similarly to community health workers and are ingrained in the local culture (Fitch et al., 2013). Individuals working in healthcare in the communities, such as doctors, might then be able to connect with county Extension agents to create a community-based partnership and help give more robust healthcare access to rural areas (Fitch et al., 2013).

Need for More Literature

A gap exists in research related to mental health prevention and treatment programming through university Extension in the United States. A large portion of the existing literature base is associated with Australia and New Zealand research associated farmer mental health programming reacting to climate change stressors (Brew, Inder, Allen, Thomas, & Kelly, 2016) and major climatic disasters such as drought (Fuller et al., 2007; Hanigan, Schirmer, & Niyonsenga, 2018; Hossain et al, 2010). Additionally, studies examined India's agrarian crisis from a national economic crisis in the agricultural industry; however, this research did not specifically focus on issues associated with mental health (Merriott, 2016). There is a need for additional studies on mental health in farmers and farming communities (Gregoire, 2002), as well as evaluating how farmers' resilience positively affects their mental health in comparison to other population segments (Fraser et al., 2005; Berry et al., 2011). Research within agricultural communities related to mental health would provide a foundation for future programming, both within the context of Extension as well as outside of the extension domain (Gregoire, 2002).

Purpose and Objectives

The purpose of this research was to quantitatively understand the needs and perceptions of Georgia Extension agents about the current state of rural stress and mental health within their rural communities. By capturing the current state of rural stress within their communities, research and programming can be implemented to provide resources and initiatives to serve the communities through Extension.

Two objectives were guiding this research: (1) Identify Georgia Extension Agents' perceptions of rural stress within their counties to evaluate agents' comfort and need for programming related to rural stress and mental health for their communities; (2) establish baseline data for Georgia Extension to understand the current state of rural stress and mental health within individual districts.

Methodology

Employing a descriptive research design to better explore Georgia Extension agents' perceptions of farmer/rural stress, the current study utilized quantitative measures. During a mandatory, annual training, for all Georgia agents in fall 2018, the researchers collected both quantitative and qualitative data to explore the concept of rural stress/mental health in Georgia. For this study, only one scale within the survey is addressed. All agents were required to attend an all-day workshop, where the concept of rural stress/farmer mental was discussed during a 30-minute portion of the day. The agents were asked to participate in an activity and listen to a 5-minute presentation about the state's current statistics related to rural mental health, and farming suicide rates over the last years. The survey was administered before the workshop session presented information and data to the participants. Georgia has four districts, and the agents were asked to attend the one workshop day in their district. The same workshop and speakers presented the information at all four of the workshop days. All of the workshops were held in the same week, as the presenters and researchers traveled to each of the districts.

Instrument

Questions within the survey addressed agents' perceived comfort and perceptions of current levels of stress experienced by their community members. The current study was part of a larger project. The current study was focused on a specific scale to determine factors related to rural stress/farmer mental health. The instrument was developed from an instrument used to assess farmer mental health/stress in other regions of the country from a mental health and family well-being expert. The instrument used in the current study was reviewed by a panel of experts to ensure use of relevant terms for Georgia, layout of information, and applicability of topics to Georgia communities. Within the survey, an 8-item, Likert-type scale was used to quantify agent perceptions. The items within the scale were summed and averaged to create an indexed value. The scale was also shown to be a reliable ($\alpha = .90$) (Field, 2009), with "1" indicating a "low" perception and "5" indicating a "high" perception.

Sample

Out of the 312 agents in Georgia, 281 responses were collected from agent participation at the workshops for a response rate of 90%. In the Northwest district, there were 79 participants, 63 participants in the Northeast district, 70 participants in the Southwest district, and 69 participants in the Southeast district. Some participants selected not to answer all the questions; however, since this was an exploratory survey for the state, all responses were kept and analyzed.

Results

Of the respondents, 133 (46.7%) classified themselves as Agricultural and Natural Resource agents, 97 (34.2%) classified themselves as 4-H agents, 40 classified themselves as Family and Consumer Sciences agents (14.1%), 8 (2.9%) classified themselves as other, and 6 (2.1%) chose not to respond.

Within the survey, agents were asked to assess the current level of stress/difficulty for farm and farm-related operations in their county. Overall, on a 5-point scale with "1" indicating

“low” and “5” indicating “high”, agents perceived the current level of stress in their community to be slightly above “moderate” ($M = 3.54$, $n = 271$) (Table 1). Examining this question by district, the Northwest district had a mean of 3.32 ($n = 75$) or “moderate” and the Northeast district had a mean of 3.58 ($n = 59$). The Southwest district indicated the level of stress to be 3.74 ($n = 68$) and the Southeast district indicated a level of stress at 3.54 ($n = 69$).

Table 1

Level of perceived stress by district and Georgia

Location	<i>N</i>	<i>M</i>	<i>SD</i>	Min.	Max
Northwest	75	3.32	1.03	1.0	5.0
Northeast	59	3.58	.72	2.0	5.0
Southwest	68	3.74	.92	2.0	5.0
Southeast	69	3.54	.96	1.0	5.0
Georgia	271	3.54	.93	1.0	5.0

To further understand specific factors that may be associated with the current level of stress or difficulty for farms in their districts, agents were asked eight questions about specific elements in farming that may contribute to stress level (Table 2).

Table 2

Extension agents’ perceptions of factors related to rural/farm stress

Statement	Low 1		2		Moderate 3		4		High 5	
	f	%	f	%	f	%	f	%	f	%
concern for weather-related issues	8	3.0	27	10.1	70	26.1	88	32.8	75	28.0
concern to make ends meet	6	2.2	25	9.3	68	25.4	97	36.2	72	26.9
concern for cash-flow in the operation	9	3.5	18	6.9	90	34.7	86	33.2	56	21.6
concern to get needed financing to continue	9	3.4	25	9.6	95	36.4	83	31.8	49	18.8
concern for market and trade issues	9	3.4	23	8.8	98	37.5	90	34.5	41	15.7
concern for crop/livestock prices	11	4.2	16	6.1	94	36.0	100	38.3	40	15.3

Statement	Low 1		2		Moderate 3		4		High 5	
	f	%	f	%	f	%	f	%	f	%
concern for mental health/suicide risk	24	9.1	62	23.5	111	42.0	50	18.9	17	6.4

Conclusions/Discussion/Recommendations

The survey provided a snapshot of Georgia Extension agents' perceptions of their communities' current need with regard to rural stress/farmer mental health. The data indicated most districts to be in similar positions with rural stress. Of an important note, the Southwest and Southeast districts did report more distressing levels of concern about rural stress. In utilizing these findings, it is important to note the timeline of the survey data collection. This survey data was collected within two weeks after Hurricane Michael caused great destruction to the agricultural industry in South Georgia. Therefore, these findings should be cautiously viewed with that external factor in mind. Additionally, specific factors that impact rural stress (weather issues, market prices, etc.) were similar throughout the state, with the Northwest district indicating a lower level of concern, while the Southeast and Southwest reported slightly higher levels of concern. While this data provides a baseline for Georgia Extension agents' perceptions, the findings from this research cannot be applied to any other populations or locations; however, it can give a starting point for providing valuable resources to the communities.

Based upon the objectives for this research, the following recommendations were developed to assist in future work and research around rural stress/farmer mental health for Georgia. From an applied perspective, future discussions and trainings should be developed to help Georgia Extension agents identify resources for rural stress/mental health and how to effectively share that information with their community members. This coincides with previous research to recognize the unique needs and qualities of each community, specifically as they relate to existing cultures, which be accounted for when engaging them in mental health/stress efforts (Gregoire, 2002; Naik, 2017). Additionally, engaging other populations (farmers, community opinion leaders, faith-based leaders, etc.) to evaluate their perceptions of rural stress/mental health in the community may contribute to fully understanding the scope of stress/mental health in the community.

Future research should examine more in-depth Extension agents' preparedness and comfort level in addressing rural stress/mental health in their communities. By collecting more in-depth demographic information, more specific conclusions about unique qualities, characteristics, and experiences that better position Extension agents to address rural stress/mental health in their communities could be developed. This could lead to creating more specialized training and resources targeted toward specific community and agent needs and mentorship programs. Additionally, future research should work with community members to identify the most appropriate form of communicating information about rural stress/mental health with specific audiences. The current research indicates a one-size-fits-all approach may not be beneficial for all areas, even in the same state.

The reality of suicide rates, even if only focused on the U.S. in this research context, warrants the need to consider this issue in other countries, specifically as it relates to U.S.-based researchers and specialists immersing themselves into local issues and cultural dynamics.

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