

Empowering Migrant Latina Women: Using Co-learning for Health & Healing Workshops

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Background

Unidad Latina en Acción (ULA) is a grassroots organization dedicated to defending the human rights of immigrants and workers in the New Haven area, serving mainly Latinx immigrants. From domestic violence at home to sexual harassment in the workplace, Latina migrants are at risk of experiencing harm and trauma in multiple areas of their lives.¹ Additionally, Latina migrants often put themselves last in familial situations, often opting not to seek medical care or mental health resources to save money or because of lack of time.² This component, layered with the existing structural barriers of low-socioeconomic status and/or undocumented status, further complicates the already difficult task of getting Latina migrants the preventative care and mental health resources they need. Latina migrants know what they need, but often lack the social support to seek it out on top of these barriers.³ Therefore, ULA saw a need to provide a workshop series to build a space for community and to empower Latina migrants across the greater New Haven area to access community resources and overcome systemic barriers to access equitable health care.

Objectives

1. Design a framework for a workshop using co-learning to empower immigrant Latina women and to provide ULA with a foundation from which they can build and create workshops about various health and healing topics.
2. Measure the impact of the workshops by utilizing a pre and post-test, with the goal of participants reporting more positive responses on the post-test on topics related to self-esteem, access to medical care and methods of emotion regulation.
3. Administer a focus group to learn about participants' experiences and their recommendations for how to improve future workshops.

Methods

- We conducted a literature review on workshop topic ideas proposed by ULA and attended the organization's weekly town hall meetings to refine these ideas. Meeting notes were used as field notes to finalize the workshop format and topics.
- Workshops were co-developed and piloted with ULA, using the framework from a previously developed healing group program called "Hablar es Sanar" (Talking is Healing). The framework uses interactive activities, narrative storytelling, and co-learning to build community, create a healing space and empower Latina migrants.
- In collaboration with ULA staff, we administered two workshops to Latina participants, ages 23-53, from five countries, with 17 unique participants (16 in the first workshop, and 8 in the second workshop; XX of the participants in the second workshop had participated in the first). Focus groups were conducted after each workshop. Data were analyzed utilizing a rapid qualitative analysis process, where field notes were transferred to theory driven, deductive templates to identify key themes, experiences and recommendations.
- Participants (n=7) were given pre- and post-tests for the second workshop to assess changes in knowledge. Participants were asked about barriers that prevented them from seeking medical and mental health care, their knowledge of the qualities of strong self-esteem, and their knowledge of ways to manage their emotions.

Key Findings / Results:

1. **Co-learning and narrative storytelling are an effective means of empowerment.** The focus groups revealed that the participants felt affirmed when individuals shared similar experiences to theirs and felt supported when others listened to what they shared.

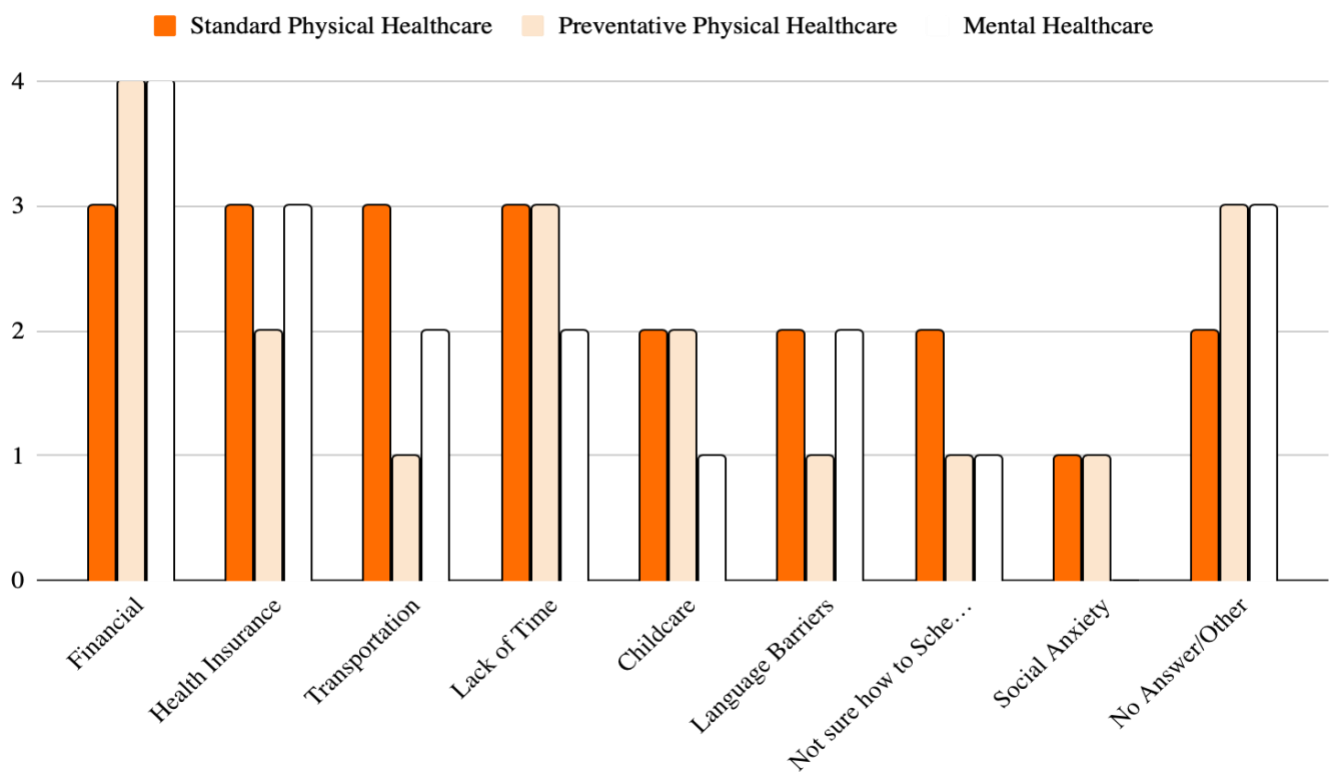
"Knowing that there is a group that is supporting women with this topic of mistreatment and violence in all aspects of their lives, and to know that this is happening to many women, to me, this is something that is very good because there are so many people who need support and help, and sometimes we feel alone but to be with you all feels so good." -Respondent 3

- Interactive activities helped build community and trust among participants.** We piloted two interactive activities, mindful breathing week one and dancing week two. Sharing dinner before each workshop and dancing were the activities that helped build trust among participants and increased openness for the topic discussions.

“It’s like we came, and we danced and like our shyness left a little. We came a little bit shy and stressed, and we shook it all out of our bodies.” -Respondent 12

- Participants reported multiple barriers to healthcare and therapy access.** While financial and health insurance limitations were reported the most frequently, participants also reported transportation, lack of time, childcare, language barriers, and social anxiety as barriers to accessing healthcare and therapy.

Barriers to Healthcare



Recommendations:

Based on the results of our pilot workshops and focus groups, we recommend the following approaches in developing a larger-scale workshop series :

- Involve members of the organization in the identification of the workshop topics.** Given our limited time, we approached topic identification by taking the ideas from our preceptor and attending weekly town hall meetings to confirm the topics. With more time, we would recommend hosting a focus group to gain more ideas for topics for the workshops to cover as well as surveying members to identify which topics should be prioritized.
- Incorporate shared meals and culturally appropriate interactive activities into future workshops to build community.** During meals, participants had an opportunity to relax and form connections. Participants also reported that the dancing activity in the second workshop encouraged interaction and community-building.
- Center co-learning and narrative storytelling in future workshops.** Focus groups revealed that participants felt supported when individuals shared their experiences and felt affirmed when others listened. Learning from peers with similar experiences helped build community support and provide a road to take action.

4. **Co-create data collection tools with members of the organization.** We piloted a pre-test for the first workshop but many of the participants struggled to understand the questions. With their feedback, we refined the survey and had greater success administering it in the second workshop. This experience highlights the importance of including community leaders and organization members the development of data collection tools.
5. **A longer workshop series would be more likely to lead to long-term change.** We modeled our workshop from a model that includes ten workshop sessions and piloted two sessions. In light of the positive feedback from participants and past research, we believe a full-scale implementation of a workshop series based on the framework we created could lead to positive change and improvements in targeted topic areas. However, we also identified many barriers to access healthcare and therapy, meaning that multifaceted approaches are needed participants' needs in a holistic manner.

Limitations

- Our time frame only allowed for two workshops within a two-week period and our pilot workshop series dealt with complex topics which are areas of life that take a long time to improve.
- Some of the questions asked in the pre- and post-test were difficult for the participants to understand due to language and translation issues. There was a pre-test administered for the first workshop that was not used due to poor English to Spanish translation.
- Women who enjoyed the workshop might be more likely to provide data and come to the second workshop, leading to a potential bias in responses.
- Only six participants completed both the pre- and post-surveys, while ten participants in the first focus group did not complete the pre-survey due to issues with the survey language.

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Resources:

- García Salamanca, Jaqueline, Castillo, Manual De Salud Emocional. Servicio Jesuita a Migrantes.