

SLEEP HEALTH IN LATINO DAY LABORERS: A PRIMARY CARE PERSPECTIVE

Jahanett Ramirez MD, MPH¹, Kimberly Prado PhD¹, Jose Velasquez LCSW¹, Jishel S. Mozo², Suzanna M. Martinez PhD³, Alberto R. Ramos MD, MS⁴

1. University of Texas at Austin Steve Hicks School of Social Work, 2. University of Texas at Austin, 3. University of California, San Francisco, 4. University of Miami Miller School of Medicine

BACKGROUND

- Latino day laborers (LDLs) are often employed in precarious working environments and non-standard working arrangements with little job security.
- As such, they often face stressful conditions and periods of unemployment that affect their well-being and contribute to poor sleep health.
- Given the increase in non-standard working arrangements in the U.S. population and the associated adverse effects on worker health and well-being, there is an urgent need to understand the effect of sleep in these alternative employment conditions.
- Poor sleep has been linked to a number of adverse health outcomes including hypertension, obesity, anxiety, and depression.
- Despite the prevalence of sleep problems, however, only a small percentage of patients address sleep health with their primary care provider (PCP), and little is known about day laborers' sleep health symptoms, patterns, and beliefs.

OBJECTIVE

- To identify the facilitators and barriers to seeking primary care and behavioral therapy for sleep concerns in Latino day labor workers (LDLs) using a mixed-methods exploratory study.

SAMPLE & METHODS

- Using community based participatory research (CBPR) principles, a partnership was formed with Austin Public Health (APH) to recruit 20 workers from the city's day labor center and a street site by using purposive sampling from March – April 2022.
- Participants were eligible to participate if they were: (1) Hispanic men (2) 18 years of age or older (3) day labor workers and they (4) self-identified as having problems with falling asleep, staying asleep, or waking up too early.
- After being consented, participants completed a face-to-face, semi-structured interview and survey questionnaires in their language of preference (Spanish or English). Qualitative interviews were audio-recorded and transcribed.
- Thematic analysis was performed using an iterative process and the constant comparative method, where three researchers coded a sample of interviews independently and met regularly to refine and review codes. Once discrepancies were resolved and consensus was reached, the codes were grouped into themes and subthemes, which were then applied to the rest of the interviews.

RESULTS: QUANTITATIVE AND QUALITATIVE

Table 1. Characteristics of Participants

Category	N = 20 (%)
Age	
18 – 29	0 (0%)
30 – 44	9 (45%)
45 – 64	8 (40%)
65 and older	3 (15%)
Education	
8 th grade or less	5 (25%)
Some high school	1 (5%)
High school graduate/GED	8 (40%)
Some college / technical	4 (20%)
College graduate	2 (10%)
Ethnicity (Hispanic)	
Mexican	9 (45%)
Puerto Rican / Dominican	1 (5%)
Cuban	4 (20%)
Central American	4 (20%)
South American	1 (5%)
Decline to answer	1 (5%)
Average hours of sleep (weekday)	5.6 hours
Average hours of sleep (weekend)	5.8 hours
ISI ≥ 15 or ESS ≥ 10 or both?	17 (85%)
Do you have a primary care physician?	Yes 11 (55%)
Have you heard information about sleep from a doctor's office?	Yes 6 (30%)
Do you trust information about health from your doctor's office?	Yes 20 (100%)

Figure 1a. Sleep Health Measures

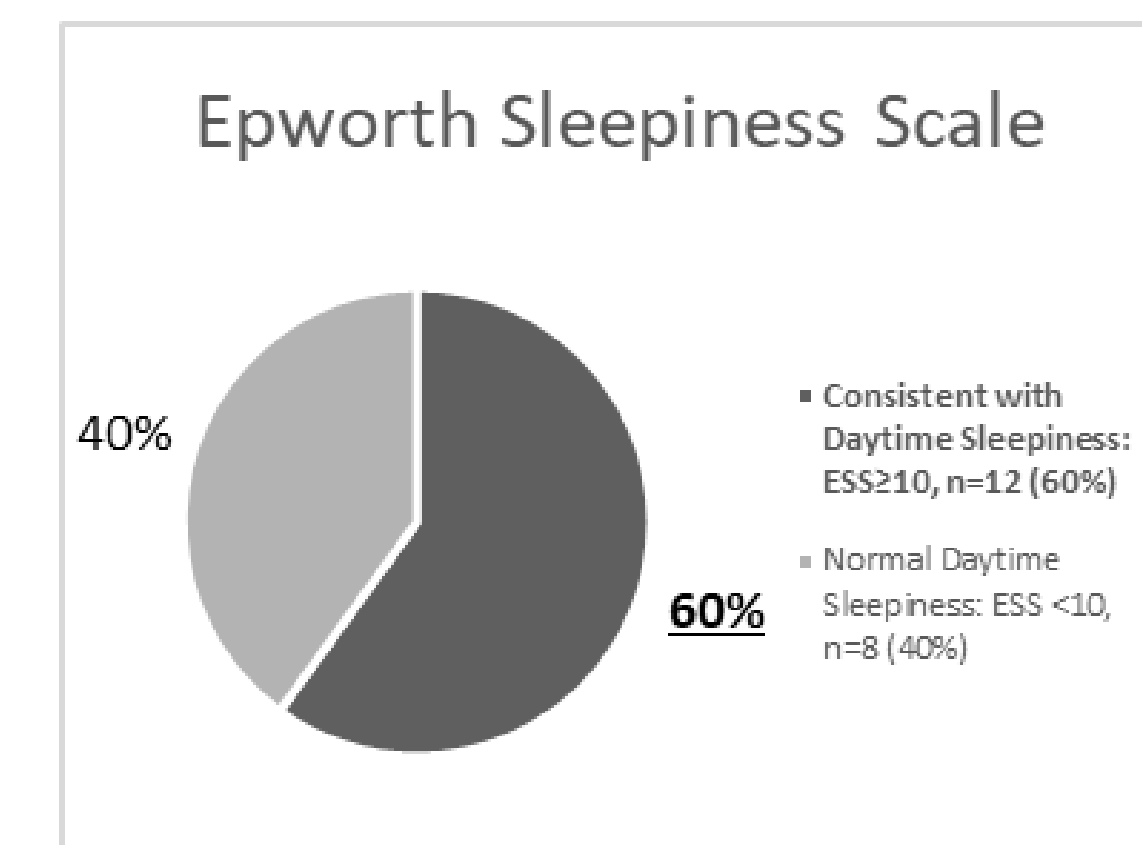


Figure 1b. Mental Health Measures

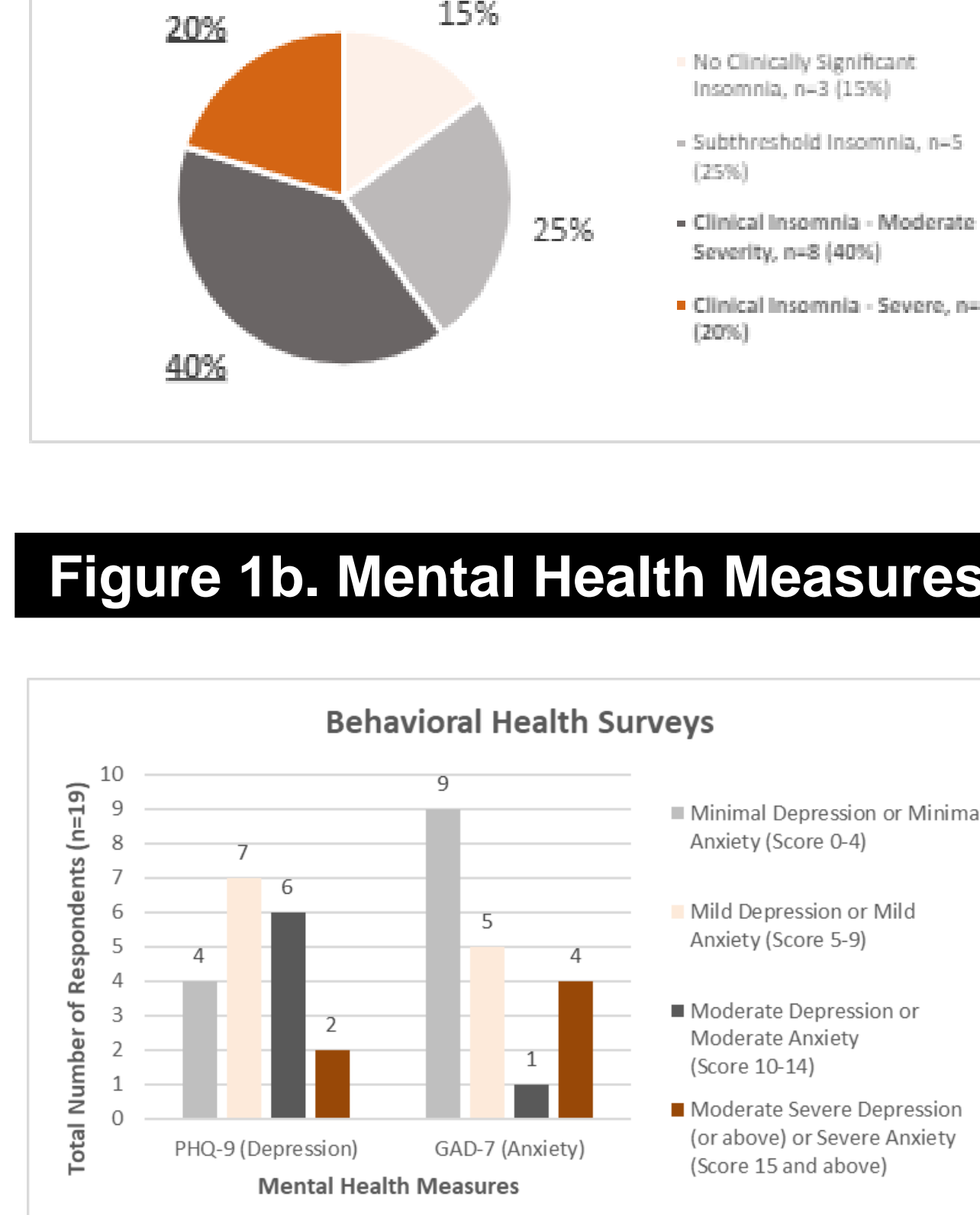


Figure 1c. Current Sleep Practices



Figure 2a. Themes and Subthemes

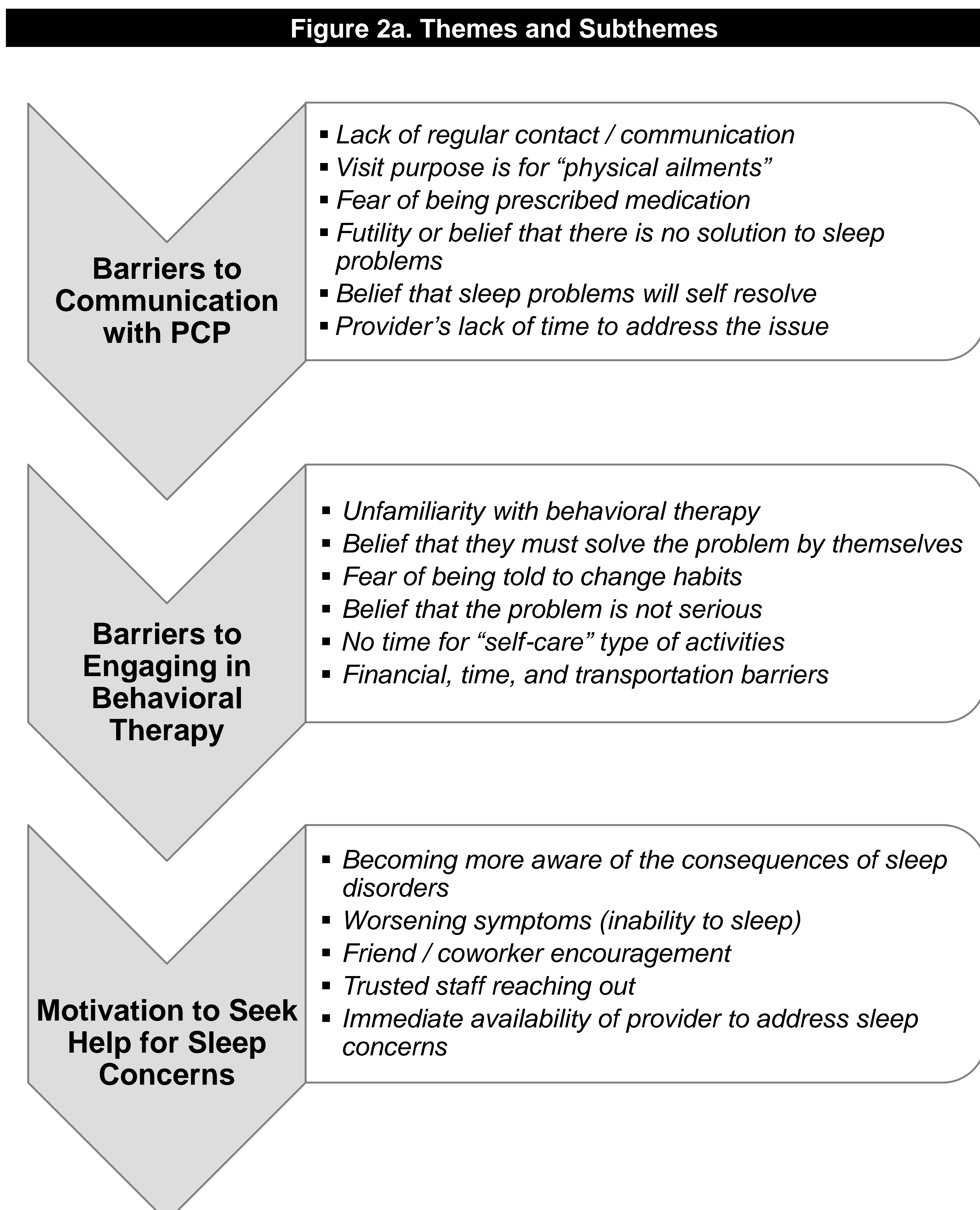


Figure 2b. Representative Quotes

"Actually, I haven't. I never thought about bringing that up. Because for me, having a doctor's appointments is just basically for a physical ailment or something. If I cut myself or twisted a body part, or something, but I never even considered asking my doctor. I never thought about that . . ."
– **Barriers to Communication with PCP** (Participant #06)

"Because it stops me, the things that I don't like to tell, like personal things, and to be able to solve a problem they need to dig . . . [but] talking to a professional, likewise, also could help one reorient their life to be more productive, achieve more things . . ."
– **Barriers to Engaging in Behavioral Therapy** (Participant #15)

"I guess more type of data showing that having sleep problems can lead to maybe some serious illness down the line or some type of data that supports and is proven that having a sleep problem can actually lead to something that needs to be taken care of sooner rather than later . . ."
– **Motivation to Seek Help for Sleep Concerns** (Participant #09)

CONCLUSIONS

- Among LDLs with clinically significant sleep concerns, poor sleep is maintained by maladaptive behavioral factors. Because workers are not addressing these concerns with providers, they have limited knowledge of how sleep affects their health, and are unaware of the behavioral interventions available to improve their sleep. PCPs are a trusted source of information and can help address the sleep health gap in this population.

Clinical Interventions should address:

- Providing education and increasing awareness of sleep disorders and their consequences on health for populations at risk.
- Educating patients on behavioral therapy interventions available for sleep disorders in addition to sleep hygiene.

REFERENCES

- Haro AY, Kuhn R, Rodriguez MA, Theodore N, Melendez E, Valenzuela Jr. A. (2020). Beyond Occupational Hazards: Abuse of Day Laborers and Health. *Journal of Immigrant and Minority Health*, 22: 1172-1183.
- Contingent and alternative employment arrangements-may 2017. (2018). Retrieved September 19,2022, from <https://www.bls.gov/news.release/pdf/conemp.pdf>.
- Alcantara C, Gallo LC, Wen J, Dudley KA, et al. (2019). Employment status and the association of sociocultural stress with sleep in the Hispanic Community Health Study/Study of Latinos (HCHS/SOL). *Sleep J*, 1-10.

Resources:
 • Sleep Handout: <https://www.nhlbi.nih.gov/resources/brief-your-guide-healthy-sleep>
 • Sleep Diary: <https://www.nhlbi.nih.gov/resources/sleep-diary>

Acknowledgements:
 • We would like to acknowledge our partners at the Austin Public Health department who provided assistance with the project and note that the views and opinions expressed are solely those of the authors and do not necessarily represent the views of the Austin Public Health Department or the City of Austin.