

# For migrant workers, community cooperation builds on individual strengths

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(PhysOrg.com) -- Fostering community cooperation, building on skills and strengths, and getting strangers to work together - these are fundamentals of community development. Now, a pilot study of six families living in a farm town in New Mexico suggests that small infusions of cash could fuel such cooperation and produce overlapping benefits.

The study grew from the idea that poor migrant workers have assets as well as significant health-care needs, says Alfonso Morales, a New Mexico native and assistant professor of urban and regional planning at the University of Wisconsin-Madison. "I had so many relatives with health care needs; my godmother died in Dallas due to the lack of good care, so health care access has always been interesting to me: How do organizations promote or limit access to health care?"

The study, published in [Southern Rural Sociology](#) in 2009 and profiled this summer in the journal [Progressive Planning](#), was performed in Anthony, in southeast New Mexico, where the majority [Hispanic population](#) includes many [migrant workers](#) with high rates of obesity and diabetes. Poverty and isolation severely limited access to [health care](#).

Working through a local health advocacy agency, Morales built a framework that encouraged families to help each other with work that could contribute to health, loosely defined, by repairing screens, doing child care, or providing transportation.

In return for each hour of work, an individual earned "social currency" that could be used for health-related expenditures. "These were all sorts of things that might otherwise not get done, but would contribute in direct or indirect ways to well-being," says Morales. "For example, putting screens on windows limits the exposure to insects and disease, and repairing windows lowers utility bills."

Every two weeks, the families, organized into a club called "Nuevos Amigos" (New Friends), met to have dinner and apportion the cash, which came from a \$16,000 grant obtained by Morales, who was then an assistant professor at the University of Texas at El Paso.

The families that volunteered for the study did not know each other. Although Morales admits this seemed problematic, "In retrospect, it should not have been a surprise that this worked, because these folks desired the same sort of things: a better life for themselves, their family and their community."

By allowing club members to spend grant money, "we set up a structure that rewarded them for doing good," says Morales. "So often, poor people of Mexican descent think their reward will come in heaven: 'God will repay you.' Instead of such diffuse reciprocity, we made it concrete; gave them an opportunity to get rewarded next week."

Morales readily concedes that the project would not work without the infusion of money.

"But almost no public program works without an infusion of money. I say we should appropriately experiment with alternative means of providing services, and find ways to transform clients into partners," he says.

Existing skills became the basis for progress, Morales says, noting that

the participants themselves organized each meeting. "These people run households, they are already organizers. Why can't they run a slightly bigger organization, and get a better sense of how it operates?"

If existing skills can be applied to the larger world, Morales says, "the implication is that every bureaucrat, when looking across the table, should not see a client or a number, but someone who can cooperate in getting the job done and improving life."

The social currency approach is not a panacea, Morales says, but rather something that "works around the edges and reduces overall costs in the system, by making people healthier and avoiding the very expensive emergency room visits."

Morales has no hard evidence of tangible health benefits, which were not assessed in the [pilot study](#). However, the club continued meeting for at least six months after the study ended, indicating that members saw a persistent benefit.

The social currency enabled some parents to pay off health-related debt and buttress their finances during the coming winter by pre-paying utility bills, says Morales.

"Those are concrete things, but the more interesting and possibly long-lasting things are more diaphanous, having to do with the idea that these people learned to manipulate the system, rather than being manipulated by it," he adds.

Provided by University of Wisconsin-Madison

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