

VERMONT FARM HEALTH SURVEY

Summary Report

PROJECT BACKGROUND

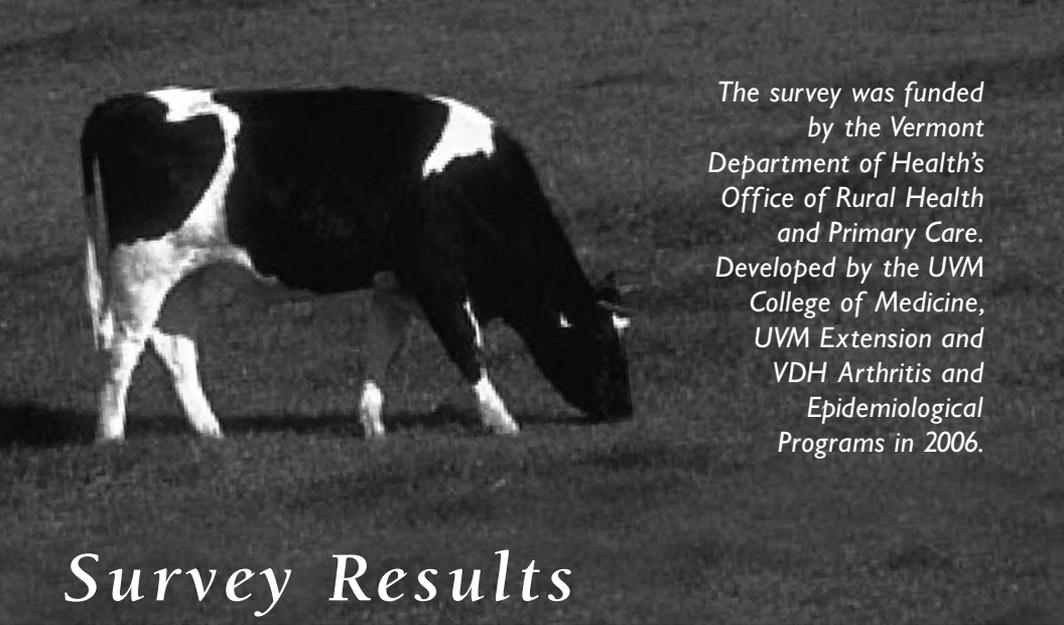
In the spring of 2005, the Vermont Department of Health's Arthritis Program identified farmers and farm families as one of the highest risk arthritis groups in the state. As a result, the **Arthritis Farm Health Project** was begun with consultation and funding from the VDH Office of Rural Health and Primary Care. The goal of the Arthritis Farm Health Project was to obtain a clearer picture of the health status of Vermont farm families and begin health education programs to educate farmers about arthritis prevention and management.

DEVELOPMENT OF THE SURVEY

The VDH Arthritis Program contracted with the University of Vermont (UVM) Extension in July, 2005, to oversee the implementation of the statewide farmer health survey. The UVM Extension in turn subcontracted with the Bioinformatics Facility of the College of Medicine to conduct a statewide telephone survey of Vermont farmers. The overall sample design was developed by staff of the UVM Department of Medical Biostatistics, UVM Extension's AgrAbility and Rural and Agriculture Voc Rehab Program, and the Health Department's Arthritis and Surveillance Programs.

While the survey centered on musculoskeletal health issues, it also included other important questions about: current health functioning, flu immunization, tobacco use, quality of life, health care coverage and, most importantly, access to health care services. Farm descriptors and farm work descriptors as well as general demographics were also addressed.

The telephone surveys of current owner-operators of Vermont farms were conducted from January 30, 2006 to May 7, 2006. The sampling frame for the survey consisted of four lists of farms corresponding to dairy, sheep, maple and organic farms with 1374, 2446, 269 and 356 farms listed respectively.



The survey was funded by the Vermont Department of Health's Office of Rural Health and Primary Care. Developed by the UVM College of Medicine, UVM Extension and VDH Arthritis and Epidemiological Programs in 2006.

Survey Results

Vermont farmers are aging. Seventeen percent of the farmers sampled were between 35 and 44 years old, the majority (64%) were between the ages of 45 and 64, with a surprising fourteen percent 65 and older.

Farmers work long hours. Farmers worked an average of more than 10 hours a day in the Spring and Summer, 9 hours a day in the Fall, tapering back to 8 hours a day in the Winter.

Farmers are generally self-employed, with more than a third needing to supplement their farm income with outside work. Eighty-five percent of farmers interviewed were self-employed, with eight percent employed for wages and four percent retired. Thirty-five percent supplemented farm income with outside work.

Farmers are educated. Almost all owner-operators (93%) had at least a high school education (32% with high school or GED, 23% with 1-3 years of college and 38% with 4 or more years of college.)

Farmers define good health as being able to work, not having pain and not having a major disease.

The most important characteristic of good health reported by owner-operator farmers was being able to work (40%) followed by not having pain (14%) and not having a major disease (11%). Based on this definition, seventy-five percent of farmers report good health.

Farmers have major health problems. Sixty-nine percent of the farmers interviewed had one or more major health problem. The most common problems were: back or neck problems (15%); arthritis/rheumatism (9%); fractures/bone/joint injury (8%); high blood pressure (4%); lung, breathing problems (2%) and, heart problems (2%). Thirty-nine percent of owner-operator farmers reported taking daily prescription medications. The most common reasons for taking medications were for treatment of blood pressure, heart problems, arthritis, thyroid and diabetes.

Farmers have significant arthritis and chronic joint symptoms. Eighty-seven percent of owner-operators reported having symptoms of pain, aching or stiffness in or around at least one joint in the past 30 days and eighty-seven percent reported that their symptoms had started more than 12 months ago. Many owner-operators (74%) had seen a doctor or health professional for their symptoms, although only thirty-three percent of farmers reported having a formal arthritis diagnoses. Fourteen percent of farmers reported a formal diagnosis of Carpal Tunnel Syndrome and three percent with Raynaud's Syndrome. Limitations in their usual activities because of arthritis or joint pain was reported by twenty-seven percent of farmers.

The prevalence of arthritis among owner-operator farmers increased with age, with twenty-two percent of the 45-54 age group, forty-seven percent of the 55-64 age group, and the highest level of sixty-three percent in the 65+ age group.

Farmers are likely to be overweight. Surveyed farmers were similar to the general Vermont population in terms of their twenty-two percent obesity prevalence, and slightly higher in terms of the number who are overweight (41% vs. 36%). The combined total of obese or overweight farmers in the survey sample was sixty-three percent.

Farmers' quality of life may be compromised by lack of sleep and low energy. Farmers reported not getting enough rest or sleep thirty-eight percent of the time (or for 12 out of the past 30 days). They also reported not feeling very healthy and lacking their full energy sixty-three percent of the time (or on 19 out of the past 30 days).

Farmers have poor or non-existent medical insurance coverage. While eighty-six percent of Owner/Operators have health insurance, eighty-two percent of them have high annual deductibles ranging from \$400 to more than \$2500 in addition to co-pays ranging up to more than \$20.00 a visit. Sixty-four percent had annual deductibles of \$750 and up. *Only thirty-two percent had any dental insurance*, which also came with annual deductibles ranging up over \$300 and co-pays.

CONCLUSIONS

This survey of Vermont farm owner/operators shows a picture of a stable aging population whose members have been farming on average for almost 30 years. The predominantly male group is at high risk for multiple chronic health problems, especially long-standing arthritis and chronic joint symptoms. The farmers' basic definition of good health as "being able to work", "lack of pain" and "not having a major health condition" strongly influences their perception of their health status even when their other reporting contradicts that perception. So although seventy-five percent of farmers rated their health as good or better, only thirty-one percent of the farmers reported the absence of a major health problem and thirty-two percent reported major health problems that were bone and joint related (back or neck problems, arthritis/ rheumatism and bone/joint injuries.)

Farmers' quality of life seems further compromised by lack of sleep and energy reported an average of thirty-eight percent of the time. The prevalence of obesity or being overweight also appears to be a common problem among this group of farm owner-operators. In combination with the physical demands of farming activities and the potential for occupational injury, this excess weight will contribute to further musculoskeletal damage.

Many owner-operators have significant financial health access issues resulting from having only catastrophic medical coverage with annual deductibles as high as \$2,500 as well as co-pays. In addition, less than a third have any dental insurance. With eighty-six percent of those surveyed reporting the presence of arthritis and chronic joint symptoms, farmers are clearly one of the highest risk arthritis populations in the state. Survey results support the urgent need for effective advocacy for better health services as well as expanded farm arthritis education and prevention services.

RECOMMENDATIONS FOR VDH ACTION

- 1) Expand the VDH Arthritis Program's farm education and prevention efforts, and begin to include other chronic diseases.
- 2) Assist with the development of strong working relationships between the Office of Rural Health, and the Arthritis program (as the "bell weather program" serving farmers) and the Agency of Agriculture, University of Vermont Extension, state farm organizations, and other farm and farm worker programs.
- 3) Train rural health care practitioners to better address the musculoskeletal health needs of farm patients through improved screening, referrals and the effective use of alternative practitioners.
- 4) Combine farmer and farm worker health efforts as part of establishing a formal VDH Farm Health Initiative within the existing Office of Rural Health and Primary Care. Initiative staff would obtain grant funding needed to develop a consolidated farm chronic disease education and prevention program, and begin addressing the complex issues currently preventing farm families from accessing adequate health coverage and services.