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News from Iowa's Center for Agricultural Safety and Health (I-CASH) & the Great Plains Center for Agricultural Health

Sheridan Receives I-CASH Hall of Fame Award

Carolyn Sheridan, RN, of Greenville, Iowa, is the third individual to be inducted into the I-CASH Hall of Fame. She received the Hall of Fame award Nov. 5 during the Midwest Rural Agricultural Safety and Health Forum in Des Moines.

As a nurse and a farmer, Sheridan has longstanding interest in improving health and safety within the farming community. In 1990 she was one of the first individuals to become certified as an Agricultural Occupational Health Nurse by completing I-CASH's Agricultural Occupational Health Training Program.

Equipped with this training, she established an AgriSafe program of health services at Spencer Hospital in Spencer, Iowa, which was one of the first clinics in the AgriSafe Network (see "Network Can Help Translate Research Into Practice," page 2).

Sheridan has served as the Network's Clinical Director since 1994. The AgriSafe Network has become a model for other states interested in developing agricultural health and safety clinics, including Illinois, Nebraska, Minnesota, Wisconsin, Indiana, Kansas, South Dakota, Virginia and Texas. In

We were a strong

Presence at the 5th International Symposium on the "Future of Rural Peoples" in Canada. Ten of us from our Institute for Rural and Environmental Health (IREH) at the University of Iowa recently returned from this international ag health conference in Saskatoon, Saskatchewan. The Canadians have modeled their Institute for Agricultural Rural and Environmental Health at the University of Saskatoon after our IREH here at the University of Iowa. We've been good colleagues with our Canadian friends for over 15 years, working together on many projects.

For the fifth time Canada hosted this premiere international agricultural health and safety conference. This year there were nearly 500 attendees from 30

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Carolyn Sheridan, at left, receives the I-CASH Hall of Fame Award from Marilyn Adams (who was one of the 2002 recipients).

2002 AgriSafe Network, Inc. spun off from I-CASH as its own non-profit organization.

The breadth of the AgriSafe network is a testament to Sheridan's efforts, said Kelley Donham, DVM, I-CASH director and University of Iowa professor of occupational and environmental health. "Carolyn has

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Kelley J. Donham

MS, DVM,

DACMPM

different countries, and over 400 presentations. Our group provided 12 of the scientific presentations and participated in 4 special programs, clearly demonstrating that we are one of the most productive Ag health groups going.

There were so many presentations, it was impossible to go to everything.

However, I came away with two major impressions:

First, respiratory disease from agricultural dust exposure is the most common disabling health hazard in agriculture. There is obviously a variable genetic susceptibility to organic dust, and a pressing need for guidelines that limit dust exposure continued on page 2

NewsUpdatesNewsUpdatesNewsUpdatesNews

As a follow-up to the 1989 Agriculture at Risk–Report to the Nation, a new publication has been produced: Using History and Accomplishments to Plan for the Future; A Summary of 15 Years in Agricultural Safety and Health, and Action Steps for Future Directions. The 1989 document has been very influential in agricultural health and safety, initiating several new programs. To evaluate continued progress, Dr. Chip Petrea and the Agricultural Safety and Health Network (ASH-NET) held a conference in 2001 and produced the new summary document in October 2003. This publication provides useful information regarding agricultural health and safety policy in the United States. Health and safety experts from various organizations helped plan the publication and the Great Plains Center for Agricultural Health provided partial funding for the project. Conference information and the document are available at www.age.uiuc.edu/ash-net/index.htm.

The National Institutes of Health (NIH) has unveiled a consumer's guide that provides information on the potential health effects of more than 2,000 ingredients contained in more than 4,000 common house-hold products. Some household products contain substances that can pose health risks if they are ingested or inhaled, or if they come in contact with eyes and skin. The National Library of Medicine's (NLM) Household Products Database (http://householdproducts.nlm.nih.gov) provides information in consumer-friendly language on many of these substances and their potential health effects.

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in swine and poultry houses.

Second, many information awareness programs are in place, but few make use of rigorous evaluation and even fewer show positive results. Out of the more than 20 awareness or intervention programs presented, only 2 showed positive results. One was our Certified Safe Farm program (CSF). Our CSF presentations were well received by the audience, and several individuals from Canada and Ireland expressed interest in pursuing this program in their countries.

All in all, it was a great conference. We saw and heard about a tremendous amount of activity in agricultural safety and health in North America, Europe, and Australia. I feel proud that we at the IREH can stand with the best of them for Iowa and US Region VII.



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Network Can Help Translate Research Into Practice

The AgriSafe Network is a diverse group of over 20 rural hospitals, health clinics, and county health departments that provides preventive occupational health services to Iowa farmers. AgriSafe clinics are staffed by nurses who have completed advanced training with Iowa's Center for Agricultural Safety and Health (I-CASH).

The AgriSafe clinics are well positioned to apply research in the community setting. The Certified Safe Farm study (CSF), directed by I-CASH, is an example of an applied research endeavor that involves AgriSafe clinics across the state. Academic institutions as well as rural health and safety organizations may benefit from collaborative partnerships with the AgriSafe Network. The Network is also interested in providing practicum opportunities for students interested in the field of agricultural health and safety.

For more information about the Network visit www.agrisafe.org or contact Natalie Roy at 301/432-0259 or email at nroy@agrisafe.org

Natalie C. Roy, MPH, is the Development Director of the AgriSafe Network.

2004 I-CASH Agricultural Occupational Health Training Session I— May 19-21, 2004 Session 2— June 9-11, 2004

Basic information and skills that equip health professionals to function as practitioners in the prevention of occupational illnesses and injuries in the farm community.

Contact kay-mohling@uiowa.edu 319/335-4219 for more information.



How We Know What We (Think We) Know

by Murray Madsen, Program Consultant, Great Plains Center for Agricultural Health

Those of us involved in agricultural safety require something very important for our work besides concern for people's lives. We need current, complete, accurate numbers. We don't have them, although we're closer to having an accurate picture of fatalities.

For data on fatalities in agriculture, we have the US Bureau of Labor Statistics (BLS). From various agencies and sources, including news reports, BLS gathers data for their Census of Fatal Occupational Injuries (CFOI or "cee-foy"). But CFOI data include only work-related fatalities.

The National Safety Council (NSC) supplements the CFOI headcount with



information on the type of fatal incident, enabling NSC to say, for example, that farm tractor overturns remained the leading cause of injury deaths among farmers in 2002. These are the kinds of numbers that make the news.

Speaking of news, press clippings are another source of fatality data. On a trial basis, the Great Plains Center for Agricultural Health (GPCAH) has accumulated a year's worth of clips (Sept02-Aug03) from Burrelle'sLUCE and NewzTMGroup. The clips give a more current, more

descriptive picture of farm and agricultural deaths, including those not technically work related.

The clips are useful for noting patterns. As with NSC findings, overturns, runovers, collisions, and falling loads were most the commonly reported of the 310 fatalities nationwide and 101 in

our four-state region (IA, NE, KS, MO). Completeness and full accuracy should not be assumed, however, with press clips; editors choose which stories to cover, details vary, or clipping service readers may miss an item entirely.

The bottom line: we use all these sources, understanding their strengths and drawbacks, while we continue to work for better data and fewer deaths. More information at: www.nsc.org/issues/agri/indus.htm or www.bls.gov/news.release/cfoi.t02.htm Graphics reprinted with permission of the American Society of AgriculturalEngineers, St. Joseph, MI

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helped bring to reality a vision of comprehensive preventive services for farmers," he said. "She attracted and solicited ideas and support from talented, dedicated people and has now helped launch the new AgriSafe non-profit organization. She has done all this during these challenging economic times in the health care industry."

I-CASH created the Hall of Fame Award in 2002 to recognize individuals or organizations that have made significant contributions to agricultural safety and health in Iowa. Last year's winners were L.W. (Pete) Knapp, PhD, UI professor emeritus, and Marilyn Adams, founder and president of Farm Safety 4 Just Kids. The Midwest Rural Agricultural Safety and Health Forum was jointly hosted by I-CASH and the Iowa Rural Health Association. Presenters expressed interesting, diverse views– sociological, economic, ecological, and scientific–on outreach, educational programs, and research.

Two renowned experts served as keynote speakers. Dr. Cornelia Butler Flora, Distinguished Professor of Agriculture and Sociology at Iowa State University (ISU), spoke on industrial and sustainable agriculture, and Dr. Frederick Kirschenmann, director of the Leopold Center at ISU, described contrasting approaches to current challenges in agriculture.

For conference proceedings see www.public-health. uiowa.edu/icash.

calendar_

<u>Dec 3-5</u>

Sixth National Environmental Public Health Conference: Preparing for the Environmental Public Health Challenges of the 21st Century Hilton Atlanta Hotel Atlanta, GA www.cdc.gov/nceh/Information/ ncehconf03.htm

Jan. 15, 2004 Application deadline for I-CASH Injury Prevention in Agricultural Youth Grants www.public-health.uiowa.edu/icash

<u>February 8-10</u> Agricultural Equipment Technology Conference Louisville, KY

April 1 I-CASH Spring Meeting Des Moines, IA www.public-health.uiowa.edu/icash

May 19-21 I-CASH Agricultural Occupational Health Training Program- Session I 319/335-4219

www.public-health.uiowa.edu/icash

June 9-11

I-CASH Agricultural Occupational Health Training Program- Session II 319/335-4219 www.public-health.uiowa.edu/icash

I-CASH 2003-2004 Injury Prevention in Agricultural Youth Grant

Applications Due January 15, 2004 www.public-health.uiowa.edu/icash

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% nationwide (ages 18-24) who eat 5+ fruits/vegetables per day: **21.6**

% of lowans (ages 18-24) who eat 5+ fruits/vegetables per day: **4.2**

"In Iowa as elsewhere, fresh or canned foods are being replaced by more processed foods, which are often nutrient sparse and calorie dense." --Dr. Linda Snetselaar**

"We are fortunate to have farmers' markets in rural Iowa. One drawback, however, from a nutritional standpoint is that

For nutrient density without the caloric load, eat fruits, vegetables (which can be good in all forms), dairy foods, low-fat meats.

a nutritional standpoint is that they often feature baked goods. Consumers can be seen leaving farmer's markets

they often feature baked goods. Consumers can be seen leaving farmer's markets with bags of baked foods rather than fresh fruits and vegetables."





Farmers' market in US

Farmers' market in Italy

Calories are often very similar in regular and low-fat versions of a food.

Low-fat blueberry muffin I small (2.5"): **131** Kcal.

Regular blueberry muffin I small (2.5"): **I38** Kcal.



- "We can learn from our Italian friends who
- enjoy food purchasing
- carefully and enthusiastically prepare dishes for the evening meal
- eat with calm conversation and
- have much less focus on meal timing."

THE MEDITERRANEAN DIET.

Traditional diets of the Mediterranean region are being studied because of the low incidence of chronic diseases and high life-expectancy rates attributed to these populations. Their diets are based on a rich diversity of plant sources and often include olive oil (which some studies suggest can lower harmful cholesterol); more fish, with red meat and poultry consumed sparingly (15 oz/wk); more grains and pasta; fruits; vegetables; legumes; and nuts. In a study conducted in Greece, for example, a higher degree of adherence to the Mediterranean diet was associated with a reduction in total mortality. An inverse association with greater adherence to the diet was evident for deaths due to coronary heart disease and cancer.

******From her background in nutrition and dietetics, Linda Snetselaar, RD, PhD, associate professor in Epidemiology (UI College of Public Health), has developed research interests in diet related to cancer, diabetes, cardiovascular disease and renal disease. She is also working to include nutrition in the education of medical students. In her presentation at the Midwest Rural Agricultural Safety and Health Forum on November 6, she shared facts and findings such as those reproduced here.

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