

January: Safety, health, and wellness communication

1. Dulitz, M., & Schrader, S. L. (2013). Betting the farm: health coverage, behaviors and concerns among South Dakota farmers. *South Dakota medicine : the journal of the South Dakota State Medical Association*, 66(10), 405–411.

Introduction: This research investigates the health and health insurance status of South Dakota farmers before the onset of the Affordable Care Act of 2010 (ACA) health insurance mandate set to begin Jan. 1, 2014.

Methods: After Institutional Review Board (IRB) approval, surveys were sent to 1,400 randomly selected rural addresses in nine South Dakota counties. The surveys used both qualitative and quantitative means to inquire about the health usage, status and insurance status. Quantitative data were analyzed using Statistical Package for the Social Sciences (SPSS), and qualitative data were analyzed for thematic content.

Results: With an overall return of 205 surveys (135 farmers), the rate of insurance was 90.6 percent. Four-fifths of farmers (80.2 percent) reported having an established provider, and 84.6 percent reported visiting a provider in the past year. Those with non-group insurance coverage were significantly more likely to report using high deductibles and limiting insurance use due to cost, but maintained a high self-reported health and preventative care use. Farmers under 50 had significantly higher rates of decreasing usage and increasing deductibles in order to afford coverage. Farmers over 65 had high health care utilization. Farmers ages 51-64 had both a high rate of using strategies to cut cost along with having an increasing utilization of care. Qualitative themes included concerns about obtaining health insurance, high deductibles and lack of coverage.

Conclusions: The health insurance and usage among farmers is high. Farmers ages 51-64 experience increased burden due to increasing health care needs along with need for health insurance coverage. Respondent comments suggest concern with increasing rates and financial loss.

2. Buckheit, C., Pinerros, D., Olson, A., Johnson, D., & Genereaux, S. (2017). Improving Health Care for Spanish-Speaking Rural Dairy Farm Workers. *Journal of the American Board of Family Medicine : JABFM*, 30(1), 91–93.

<https://doi.org/10.3122/jabfm.2017.01.160174>

Background: Dartmouth Geisel Migrant Health (DGMH) is a medical student group that provides on-site health services for Spanish-speaking dairy workers in rural Vermont and New Hampshire in conjunction with a federally qualified health center (FQHC).

Study objective: This project was undertaken to evaluate and improve the services provided by DGMH and the FQHC and to refine understanding of the target population.

Methods: We surveyed 25 workers at 6 collaborating dairy farms to identify health priorities and concerns and perceived barriers and facilitators to health care for these workers. Surveys were administered over 2 weeks in July 2015. Interpreter-mediated appointment and sliding-fee-scale data from a period 7 months that spanned survey administration were also assessed.

Results: Diabetes and hypertension were the most common health concerns. Thirty-two percent of participants reported 10 or more days of depressed mood in the past month. Insurance and language were the most common barriers to health care and employers and on-site clinics were the most common facilitators. Appointments most often addressed women's health, gastrointestinal problems, health maintenance, diabetes, and back pain. Thirty FQHC sliding-fee-scale applications were completed by workers. Conclusions: These Spanish-speaking dairy-farm workers have many health concerns and perceive substantial barriers to health care. Collaboration between medical students, a rural FQHC, and farm employers provides important services that facilitate health care access among this population.

3. Becot, F., Inwood, S., Bendixsen, C., & Henning-Smith, C. (2020). Health Care and Health Insurance Access for Farm Families in the United States during COVID-19: Essential Workers without Essential Resources?. *Journal of agromedicine*, 25(4), 374–377. <https://doi.org/10.1080/1059924X.2020.1814924>

In the midst of the COVID-19 pandemic, farmers and farm workers have been deemed essential workers across the world. Yet, despite working in one of the most dangerous occupations, and despite being especially vulnerable to the virus (due to existing health risk factors and risk of infection stemming from difficulties adopting control measures), many farmers and farm workers in the United States have long lacked essential resources to ensure they can meet their health needs: affordable and accessible health insurance and health care. In this commentary, we draw on our own research focused on farm families and collective experiences to discuss three main challenges farm families have faced meeting their health needs: reliance on off-farm work for health insurance coverage, the need to forecast income when purchasing a plan on the health insurance marketplace, and barriers to health care in rural areas. As we discuss these challenges, we highlight the ways in which the COVID-19 pandemic is likely exacerbating these pressures. Recognizing that major crises in the past have led to major shifts in economic, social, and political systems, the disruptions brought on by COVID-19 could be leveraged to work toward increasing access to affordable and adequate health insurance and health care. As such, we conclude our commentary by outlining policy reforms and research efforts that are needed to ensure that those working in the farm sector have access to essential resources to preserve their health and safety.