

AgriWellness Partners

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Although farming is one of the most dangerous occupations, as indicated by injury and fatality rates that are reported annually by the National Institute of Occupational Safety and Health (NIOSH) in such publications as Injuries among Farm Workers in the United States, considerable progress is occurring. The rate of injuries to farm youths has declined 30% from 1998 to 2006, according to a report by Kitty Hendricks and E. Michael Goldcamp in the October 2010 issue of the Journal of Agricultural Safety and Health.

Last month more good news was reported at the Midwest Rural Agricultural Safety and Health Forum in Iowa City. Dr. Kelley Donham, director of Iowa's Center for Agricultural Safety and Health, noted that farm fatalities in Iowa declined from about 80 per 100,000 farms in 1992 to around 30 per 100,000 in 2008. This parallels a downward trend in the annual national rate of childhood farm injuries, as reported by the National Children's Center for Rural and Agricultural Health and Safety in their 2008 Fact Sheet. Dr. Donham indicated that Iowa farm youth fatalities declined 62.5% from 2002 to 2010. NIOSH reported an overall annual rate of farming-related fatalities due to physical causes of 24.5 per 100,000 persons during 2007, which was down from earlier decades; tractor-related fatalities declined 18.7% from 1992 to 2005.

Declines in farming-related injuries and deaths correlate with federal, state and local efforts. Federal legislation initiated the AgrAbility program that provides rehabilitation to injured farmers and their families. Federal legislation that was passed just over 20 years ago also created a nationwide network of regional agricultural safety and health programs, which includes the Great Plains Center for Agricultural Health (GPCAH). The GPCAH, along with Iowa's Center for Agricultural Safety and Health (I-CASH), sponsored last month's forum to celebrate 20 years of service by both programs. The GPCAH serves a nine state region encompassing all the states that border Iowa, plus North Dakota, Kansas and Iowa. I-CASH was established in 1990 by the Iowa General Assembly as a state-wide outreach and prevention effort that includes Iowa State University, the University of Iowa, the Iowa Department of Public Health and the Iowa Department of Agriculture and Land Stewardship. Six other state and national organizations (i.e., AgriSafe Network, Iowa Farm Safety Council, National Education Center for Agricultural Safety, Proteus, Farm Safety for Just Kids and AgriWellness) participate as I-CASH partners.

Speakers at the 20 year anniversary events, such as Dr. Donham and Dr. Paul Gunderson, the director of the Dakota Center for Technology-Optimized Agriculture, credited the work of programs like the NIOSH-funded centers, along with state-run programs such as I-CASH, and nonprofit organizations that raise awareness about agricultural safety, for the reductions in farming fatalities and injuries. They also cited improvements in machinery design, such as rollover protection systems on tractors and better livestock handling facilities. But prevention efforts can't rest on these laurels.

These are important investments in injury prevention, agricultural safety education and better engineering which deserve to be recognized. They all have helped save farm people's lives and have improved rehabilitation from physical injuries. Comparable investments in the psychological well-being of farm people, however, have not been forthcoming. The consequences are apparent. Suicide, depression and other stress-related behavioral health problems such as substance misuse all have increased among farm people during the past 30 years.

Dr. Gunderson headed up a team of investigators who examined the epidemiology of suicide among farm residents or workers in five north-central states from 1980 to 1988. They found that suicide was more than twice as common among farm owners and operators (i.e., 48 per 100,000 annually) than among the general population of the same states. Drs. Gopal Singh and Mohammed Siahpush examined the suicide rates in every county in the U.S. from 1970 to 1997 and compared these incidences across 10 gradients of population density. The suicide rate of males in the most rural counties rose substantially from the mid-1980s up to the end of the study and was about 60% higher than the suicide rate of males in the most urban counties during the latter two decades of the study. They attributed the higher suicide rate of these rural people to changes in farming practices, increasing isolation, and the breakdown of protective factors such as family and community supports. Dr. Lorann Stallones found that exposures to pesticides used by farmers and by those in related occupations was associated with their higher suicide rate than those not engaged in such occupations.

An article in the Daily Iowan this summer highlights the problem of suicide in rural counties. Even though half of Iowa's population lives in urban areas, from 2000-2008, 1,568 people committed suicide in rural counties of Iowa, versus 1,382 in the state's urban counties. In a 2006 article in the American Journal of Public Health, Dr. Ramin Mojtabai reported that the prevalence of significant psychological stress was higher in nonmetropolitan areas of the country than in metropolitan areas, but the residents of nonmetropolitan areas were less likely than their metropolitan counterparts to have access to mental health services or to be able to afford necessary medications and behavioral healthcare. Negative stigma about seeking professional mental healthcare contributes to the problem. The executive director of the Community Mental Health Center in Iowa City, Stephen Trefz, was quoted in the June 11, 2010 issue of the Daily Iowan: "You don't see many farmers at the (grain) elevator saying, 'I'm going to see my therapist.'"

The lack of federal, state and local attention to farm stress and its prevention contribute to the depression, substance misuse and suicide by people engaged in farming. The resources to help farm people deal with farming-related stress are not consistently available when needed, too expensive for economically distressed people even when accessible, and often not culturally acceptable. There simply have not been sufficient investments in the understanding, prevention and treatment of behavioral health injuries and fatalities associated with farming. Consequently, the rate of farming-related suicides remains higher than the annual rate of farming-related deaths due to physical injuries and illnesses.

In 2008 the U.S. Congress authorized the Farm and Ranch Stress Assistance Network (FRSAN) as part of the Farm Bill, but for the past three years in succession Congress failed to pass implementation funding out of committee. This network, if funded, will make the kinds of supports that AgriWellness and our partners offer, available to all agricultural parts of the country. These services include, but are not limited to, farmer-friendly telephone hotlines and websites, up to five free counseling sessions provided by professionals trained in agricultural behavioral health to help farm residents and workers deal with stress, referral for additional resources such as legal advice and job retraining, community education, support groups and retreats for stressed farm families, outreach visits to homebound rural residents, training of primary care providers as well as behavioral health professionals in service delivery methods that are culturally appropriate for the agricultural population, and the operation of statewide coalitions of program supports. Kansas, one our partners, had to cease services this summer because of lack of funds. Only nine states nationwide offer services tailored to farm people but officials in 41 states have indicated their interest in offering services such as AgriWellness coordinates and promotes.

We know farm people use resources to cope with stress when they are available. Members of the agricultural population have made more than 22,000 calls annually to the seven state programs that affiliate with AgriWellness. Economic stress, family turmoil and depression were the main reasons people contacted hotlines and helplines and sought out additional services. Suicidal ideation and actual suicide plans or attempts constitute two percent of the calls. The rate of farming related suicide remains stable or often declines when services are available, making the program a “best recommended practice” included in documents espoused by NIOSH and the federal Office of Rural Health Policy.

As you probably read in last month’s AgriWellness Partners, AgriWellness is “going national” to become the voice for behavioral healthcare for the people involved in agriculture. The insufficiency of available resources is a reason why AgriWellness is mobilizing nationally to bring attention to the issues of supporting the behavioral health of agricultural producers. After all, these are the people who provide essentials for life: food, fiber and renewable energy. Complacency won’t work and the problems won’t go away, even though some farmers are currently doing well financially. Livestock and dairy producers face very uncertain times. The economic bubble being experienced by many crop producers could burst much like it did for all types of farmers in the 1980s. Economic and social conditions are similar except that now inflation is not as high as three decades ago. The same kinds of efforts that went into reducing physical injuries and fatalities associated with farming need to be mobilized for agricultural behavioral healthcare.

How much will development of adequate agricultural behavioral health services cost? Combined costs for the federal portion of agricultural safety and health regional centers and AgrAbility are about \$50 million annually. A similar amount of state and private funds supplements these programs that impact the physical health of farm people. AgriWellness has estimated that federal costs for full implementation of agricultural behavioral healthcare would run about \$20 million annually. Some of the state and private infrastructure is in place, so somewhat less would be needed from states, local organizations and private contributors. Is it worth the investment? We have found that the average farmer who commits suicide is a male in his late 50s. Usually this person would have 15 more productive years before retirement. Assuming an annual income of \$83,000 (using the average farm operator income for 2008), preserving the life of one farmer results in a savings of \$1.245 million, plus prevention of untold emotional pain for the family and community. Although saving a life is difficult to determine, AgriWellness data suggest our program has roles in saving at least 90 lives annually. As one farmer commented, “Hopefully your services will reach many more in need through the years to come. Those who have been through it understand. And let me tell you, farmers are a tough breed to begin with, so when one reaches out for help...well, that says a lot!”

Farm businesses, food corporations, state and federal policy makers, elected representatives and farm producers all must work together to put the support system in place. Our nation and the world can’t afford to let the next crisis hit without being prepared.

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