
MODELS FOR PRACTICE

FOCUS AREA: INJURY AND VIOLENCE PREVENTION

Program Name: AgriSafe Network

Location: Spencer, Iowa

Problem Addressed: Injury and Violence Prevention

Healthy People 2010 Objective: 15

Web Address: www.AgriSafe.org

SNAPSHOT

The AgriSafe Network is composed of 23 rurally based hospitals, health clinics, and county health departments that provide preventive occupational health services for the farming community in Iowa. Piloted in 1987 and fully implemented in 1990, the ongoing program serves farmers and their families in the way of preventive health services, referrals, and personal protective equipment. Each clinic has approximately a 1,600 square mile service area, covering a total of 35,200 square miles.

Farmers often seek health care only when ill and at which time their condition may not be preventable. Utilization of AgriSafe services serves as an early point of entry into the health care system before serious conditions develop. Agricultural health screenings conducted in the past three years have resulted in referrals to specialists, primary care providers, and mental health providers for follow-up care. The Network clinics utilize highly trained nurses in the delivery of preventive agricultural health care and community-based education.

THE MODEL

Blueprint: The AgriSafe clinics provide preventative occupational health services to farmers and their families in Iowa who might otherwise not be able to afford these services. Farmers are at an increased risk of suffering from noise-induced hearing loss, chronic back problems, respiratory disease, stress, and farm-related injuries and fatalities. Occupational fatality rates in Iowa agriculture are about 20 percent higher than national rates, while work-related disabling injury rates are more than double the national rate. Given the average age of the farmers receiving services is 49, the increasing elderly population in the farming community requires additional health care services specific to the needs of an aging society.

The AgriSafe Network consists of hospitals, health clinics, and county health departments that respond to the health and social needs as determined by the agricultural communities they serve. The strength in the AgriSafe clinic model rests with the strong coalition of organizations providing

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services and the continuous quality improvement in the services offered. Social service agencies, mental health, Extension, health departments, local health care providers, religious leaders, and universities are partners among the AgriSafe clinics throughout the state.

AgriSafe services complement and do not replace a routine physical examination. The comprehensive health assessments provided at clinic sites include but are not limited to: lung function testing, audiogram, cholesterol screening, height and weight evaluation, blood pressure screening, vision screen, skin cancer exam, and education for their personal high-risk areas. In addition to the screening, the client and his or her family receives education on the use, purchase, and maintenance of proper personal protective equipment. Safety and health education programs are another important part of the services provided to the community. Payment for services varies across the state. Farmers may receive services at no charge or at a reduced rate depending on the resources at each clinic site. Farmers in a pilot project, Certified Safe Farm (CSF), do not pay for the farm site evaluation or the screening but do pay for follow-up services and the purchase of personal protective equipment.

Various clinic staff are also trained as farm safety consultants and provide on-site farm safety reviews to recommend removal of identified hazards. They use a farm safety checklist that was developed by a team of six agricultural health specialists who reviewed over 40 different lists prepared by other organizations in North America and around the world. The checklist scores hazardous areas on the farm, including: machinery, livestock facilities, chemical storage areas, presence and use of personal protective equipment, outdoor farm environment, and storage facilities. Community-wide programs such as Farm Safety Day camps and education at the county fairs are other important services provided to the community.

Nurses who have received extensive training specifically in the field of agricultural health and safety at Iowa's Center for Agricultural Safety and Health (I-CASH) at the University of Iowa staff all AgriSafe clinics. These nurses are also involved in continuing education and receive technical assistance as needed. The staff of AgriSafe Network consists of a clinical director, communications director, and development director. However, these positions are part time and total approximately one full-time employee. In total, the AgriSafe Network has two paid staff, one donated staff, and 13 volunteer staff.

Making a Difference: In collaboration with Iowa's Center for Agricultural Safety and Health, the Network collects qualitative and quantitative data to measure program success. The Certified Safe Farm pilot program that has been in place for over seven years is designed to measure whether the AgriSafe services are successful in reducing farm-related injuries and illnesses. The program has a control group and intervention group. Indicators for success include but are not limited to: changes in behavior,

improvement in health status, improvement in injury rates, and removal of farm hazards.

CSF empowers farmers to take control of their health and to take the necessary steps needed to prevent illness and injury. Data collected from the first year (1998) of the Certified Safe Farm unpublished study funded by the National Institute for Occupational Safety and Health (NIOSH) indicate that 25 percent of farmers screened were referred to a specialist for examination of potential skin cancer lesions; 60 percent were referred to a specialist for noise-induced hearing loss, and 35 percent were referred for immediate physician follow up due to elevated blood pressure levels. Without the AgriSafe clinic's screening program, many of these farmers would not have received the appropriate follow-up care.

Preliminary results of the CSF study show a 17 percent reduction in total farm-related illness and injury costs and a 35 percent reduction in the costs covered by insurance. The results are largely based on self-reported data and thus are susceptible to various biases. To validate these findings, CSF researchers at I-CASH will use health insurance claims data to measure success in reducing the cost and rate of farm-related illnesses and injuries in the study population. In addition to the data collected as part of the CSF study, AgriSafe collects qualitative data on an ongoing basis, including patient satisfaction.

Beginnings: For over a decade, researchers have documented the unique health and injury problems faced by farmers. In the past, however, there were few resources to address this problem. Kelley Donham, a professor at the University of Iowa and Director of Iowa's Center for Agricultural Safety and Health, created the original Network in 1987 after spending years studying a similar program in Sweden.

The network began in 1987 and was originally funded by a small pilot grant from the Iowa State Legislature. It initially consisted of five clinics. The support of foundations, and state and federal funds aided in the expansion to 23 clinics throughout the state. In June 2002, the AgriSafe Network became incorporated as a 501(c)(3), and is now independent from I-CASH. I-CASH continues to provide exceptional technical assistance, educational resources, and training to the AgriSafe clinics. In addition, AgriSafe Network clinics currently collaborate with I-CASH on several research projects, including Certified Safe Farm.

Challenges and Solutions: The AgriSafe Network faces three main challenges: clinics leaving the Network as a result of the turnover in trained nurses at clinic locations, rapid growth of clinics without proper funding, and financial difficulties among the local clinics to provide services outside of grant funding.

The Network's strategy to address this financial barrier to AgriSafe services is to leverage financial resources at both the state and local level. At the local level, AgriSafe clinics will be expected to develop their own business plan that incorporates community-based marketing strategies. At the state level, financial support is being sought from a variety of both public and private entities, including insurance organizations. In the future, health care insurance organizations that decide to cover AgriSafe services may anticipate a reduction in claims as a result of the improved preventive care and lower injury rates of the farming population. This strategy is beneficial to both the insurer and the farmer and justifies industry investment. As a group of 23 clinics, the Network has the leveraging power to affect change in the insurance industry. Current negotiations with the private sector are promising, and the Network is also in the process of developing a corporate sponsorship package

An important long-term goal of the Network is to advance to an organizational and operational capacity not limited by state boundaries. Significant accomplishments to reach this goal have been achieved. The AgriSafe Network is viewed as a model program for other states, and several have begun replicating the Network. Network staff frequently present at state and national meetings to enhance the state-to-state collaboration of the AgriSafe concept. The Network's operational manual was recently revised and is being utilized as an important resource across the nation. In addition, health professionals from various states have attended the agricultural health training offered by I-CASH.

PROGRAM CONTACT INFORMATION

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