Vermont Department of Health Women's Health and Agriculture Project

Summary

The Vermont Department of Health Division of Maternal and Child Health created a project to increase awareness among health care providers and consumers around key issues for women who are pregnant, postpartum, or breastfeeding and who work in a farm/agricultural related setting. After a thorough literature review, analysis of the demographics of Vermont women farmers, and Institutional Review Board limitations, the project's focus expanded to include well-woman visits and women of reproductive age (ages 18-44) who work in agriculture.

Summer interns Alison McClay and Yasmin Moya worked within the Division of Maternal and Child Health and spent 9 weeks conducting key informant interviews, gathering information, and identifying tools, resources, and strategies that could assist the VDH in achieving its project goals. Nearly 30 individuals were contacted in June and July, resulting in 15 interviews with content experts and farmers. Interviewing farmers proved more difficult due to harvest and growing schedules, weather, and available time, and dairy farmers were not captured in the interviewing process.

Based on the summer's formative research, the following themes emerged as key issues Vermont women of reproductive age who work in farm or agricultural-related settings face:

- Health Insurance Cost and Coverage
  - Many farmers voiced that cost of care and having health insurance were barriers to regularly accessing annual preventive health care.
  - Many women shared that they were either uninsured or underinsured.
- Access to Health Care Providers and Affordable Care
  - Health care is not accessible due to the round-the-clock, demanding nature of their farm work.
  - Farmers often live and work in more remote, rural settings where there may not be or may not know of local primary care providers.
  - Women are aware of the importance of their health and occupational health risks, but access to health care is challenging as many farmers live on the edge financially and may not be able to invest in health insurance for themselves, their families, or their fellow farmworkers.
- Time and Time-Off
  - Farmers work long, inflexible hours and rely on the weather to complete their work; farmers often can't afford to have foresight in scheduling appointments.
  - There is not paid leave in the event of injury, illness or pregnancy.
- Bodily Strain and Ergonomics
  - There is a cultural attitude of urgency and pushing through any pain for women who work in agricultural-related settings; some of this is exacerbated by the gendered nature of farming (e.g. having to be and do as equally good job as male farming counterparts).

Other themes included knowledge of occupational health hazards, transportation, lifestyle, and provider education and current consumer health messaging being detached, impractical, and/or unachievable for women who work and plan to continue working on a farm or in agriculture.

Background

Agriculture is ranked as one of the most dangerous industries in the country. With the profession comes high risk for non-fatal and fatal injuries, and family members are also at risk for both injuries and death. With large numbers of women who work in a farm or agricultural related setting in Vermont, the Vermont Department of Health Division of Maternal and Child Health identified the need to learn more about this population and the challenges or barriers that stand in the way of seeking regular preventive health care. The Division's two Title V MCH Summer Interns headed a formative research project during the summer of 2017 to gather this qualitative data and resources that will inform future educational materials and outreach mechanizations the Division utilizes when increasing awareness of the importance of well-woman visits, particularly among the subpopulation of young women farmers in Vermont. This project is a continuation of work started in 2016 with Sally Kerschner and UVM nursing students interested in researching and creating key components of patient education materials for women who are pregnant, postpartum, or breastfeeding and who work in agricultural settings.

According to the 2016 Behavioral Risk Factor Surveillance System, only 66.5% of Vermont women had a well-woman visit in the past year. A well-woman visit provides a critical opportunity for women to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies.

State surveys show that farmers are often less likely to access regular preventative care visits with a doctor. With USDA 2012 Census of Agriculture data revealing that 39% of state farmers and 22.3% of the state's principal farm operators are women, Vermont has one of the highest percentages of total farm operators that are women in the nation. Research points to specific health needs and considerations for women who work in agricultural settings and are pregnant, postpartum, or breastfeeding; yet there is a lack of research and health and safety educational materials specifically for women in this population.

Design and Methods

To better assess the knowledge and health and safety needs, concerns, and topics of importance to Vermonter women working in agricultural settings, key informant interviews with content experts and women of reproductive age (18-44) who work in agricultural settings were conducted. Content experts were identified through Sally Kerschner's work with the Farm Health and Safety Coalition, as well as from conversations and correspondence with Shoshanah Inwood, a rural sociologist and UVM professor.

A key informant interview guide was created to guide data collection and outreach process; it included an introductory letter of invitation, project overview, informed consent form, and sample of possible interview questions. There were 3 versions of questions asked in interviews: key informants, women farmers, and primary care providers. The guide was emailed to potential participants, and follow-up occurred within a week of first contact to schedule an interview and secure project participation. Interviews occurred between July 6 and August 2, 2017.

16 individuals identified as key informants were contacted and 12 of these individuals successfully were interviewed; 3 other key informants expressed interest in this project but no common time for an interview was ever established. We contacted 8 farms and spoke with 4 farmers across Addison and Chittenden Counties. Altogether, we conducted 15 interviews over a 4-week period, and many of these

interviews were added to by coworkers being asked to sit in or provide additional feedback. Individuals associated with UVM Extension, Vermont Young Farmers Coalition, and Stonyfield Dairy informed us they would publicize the project and our request for farmer interviews in their listservs and newsletters.

Limitations

As we did not fall within the scope of IRB-defined research, our questions were limited to identifying communication channels and perceptions of the health and injury risks women who work on farms or in agricultural settings are susceptible. Questions were rather general and confidentiality was maintained by not collecting any personal identifiable data and information. Interviewees recommended other community members, and they were subsequently invited to weigh in on the women's health and agriculture project. In addition to the near 30 individuals contacted, 17 individuals who were recommended by peers through the interview process were not contacted during the summer interviewing period due to time and capacity constraints. Of those individuals contacted, some contacts initially expressed interest in interviewing but never responded to follow up or were unable to meet.

Results and Discussion

Through our interview process, we learned preventative care is not a top priority for many patients and were able to identify some of the key challenges or barriers towards seeking care or making annual well-woman visits a priority for women working in agriculture in Vermont.

Main Findings and Emerging Themes

Cost of Care and Health Insurance Coverage

Many farmers shared the cost of care and having health insurance were barriers to regularly accessing annual preventive health care visits. UVM Extension professors agreed women are aware of the importance of their health and health risks associated with their work but sighted access to healthcare as a challenge to health care utilization due to the nature of many farmers living on the edge financially.

The passing of the Affordable Care Act increased access to care, but challenges persist in reaching out to farmers about obtaining and utilizing care. Many women shared they were either uninsured or underinsured, and those with insurance referenced Medicaid and community health centers or Planned Parenthood sites with free or sliding scale services. Additionally, those with insurance may have high deductibles or low coverage and may not want to go for preventive visits due to potential costs if they seek care out of their network. Women farmers may also rely on off-farm income and weigh the cost of kids when planning or thinking about their health; women often supplement farming income with off-farm work to earn enough money to provide the best health care for their families.

- "I know something's not quite right and I should go, but I tend to avoid the doctor because health insurance won't cover it."
- "What am I paying for? How am I paying for this? Where can I go for the best care for my insurance? And where can I go that will see me when I'm available and won't take long?"
- One farmer shared that a lot of her peers struggled to find affordable health care and emphasized that "[farmers] have to have insurance in order to access health care."

Access

Farming can be an isolating occupation and getting off the farm can be difficult. Health care is not accessible. Farmers often live and work in more remote, rural settings where they may not have as many options. Many farmers do not know of affordable resources or practices they could go to for well-woman visits or any other health concerns. Women farmers in Vermont are unsure where they can be seen and need health care providers who offer efficient care and flexible scheduling. When women farmers find care, they have difficulty keeping appointments.

For women who are seeking care, navigating the healthcare system is difficult, time consuming and something many women who work on farmers or in agricultural settings do not have time to do. One women spoke of need helping navigate the health system as women farmers often invest lots of time navigating and searching for providers and health care facilities online when they may not have the time to invest in finding resources and navigating the system in the first place.

Time

Farmers work long, inflexible hours and are very reliant on weather. These two factors restrict the amount of time women farmers have for health and well-woman visits.

Seasonality is a major influencer of when farmers will be able to seek care. Free or spare time is more condensed and compressed given the extended growing seasons. In addition, the weather drives deadlines and priorities so off-farm tasks and appointments get placed on the backburner depending on role, farm, season, and weather.

Scheduling appointments is tricky. Farming is a business and success of the business is dependent on the productivity and sales of the business, which all rely on time and energy at farmers' expense. Farm owners may have an easier time or may have more flexible schedules when they look to schedule appointments, but farm managers and workers are paid hourly and often can't afford to take time off. Young and beginning farmers may face greater difficulty finding time and availability in their schedules to schedule regular care. One farmer mentioned that she and her partner had not been able to go to the doctor until the farm had grown and was able to hire additional employees; this year will mark the first time in years that both she and her partner have received a regular preventive health care visit.

- "It's difficult to have the foresight that things will come up and we have to be a whim to the weather, so other things might get pushed back or off altogether."
- "Farmers are relatively knowledgeable [of occupational health risks] but don't have time or ability to seek regular care…[we] need to find achievable balance."

Paid Leave

There's often not paid leave in the event of injury, illness, or pregnancy on a farm. Given their schedules and hourly wages, women may not be able to leave the farm during the times providers are available.

- "You can't just take a day off...there is no such thing as paid leave on a farm."

Maternity Leave

One women also voiced challenges she faced when she was pregnant as she felt there was a lack of understanding from her male farmer counterparts regarding all the farm duties she was responsible for while pregnant and postpartum. She shared how she had to train others to do her job "in case I couldn't

do the work or return as soon as I anticipated. As it was, I was milking on the day I delivered and back to work within 3-5 days of giving birth to my last child."

Bodily Strain and Ergonomics

Farmers are on their feet all day, working their bodies harder than many other professions. There is an urgency in the work and an attitude of acknowledging but pushing through any pain within the agricultural community. Many women mentioned overworking their bodies and wishing they knew how to use their bodies more sustainably, referencing knee and back pain they've developed in their 20s and 30s. However, women also said that time and financial demands may force them forgo best ergonomic practices so they can complete their work and farm tasks more quickly and efficiently.

- "Women are more susceptible to repetitive motion and chronic conditions but farming culture is all about toughing it out and getting done what needs to get done."
- "People aren't aware that certain things and tools aren't well designed for the female body which may lead to aches, pains and injuries."
- "You can't afford to be too ergonomics-focused at the beginning of your farming career."
- "I know this is hurting me but I can't stop and do yoga when the cows need to be milked."

Gender Differences

Women routinely ignore or push through any discomfort because it comes with the working territory and they feel pressure to be and do just as good a job as their male counterparts. Women mentioned that a lot of the education and farm mechanization seminars they attended as beginning farmers attend were geared toward adolescent boys, particularly those on tractor safety. One woman shared, "It was slammed in my face that this is a man's field." Every farmer we spoke with highlighted the gendered nature of their field of work and shared personal or peer stories on how they and other women may feel like they can't bring up any pain or minor injury sustained on the job.

Supporting Themes

Patient education and provider advice

- "Advice from providers isn't always practical. Recommendations are often disconnected from day-to-day life. We need providers to give advice without uprooting our lives and livelihoods."
- The health "language" commonly and frequently used is so far removed from women farmers' daily realities and too idealistic for farmers.

Knowledge of occupational health hazards

- Women are aware of risks associated with their occupation to differing degrees, depending on their history, role and experience on the farm. People who grew up on farms generally have more awareness to safety issues than those who are new to the profession or lifestyle.

Transportation

- Many migrant farm workers often work in more remote locations and fear US Immigration and Customs Enforcement involvement when off the farm.
- One provider mentioned that practices in more rural settings may refer patients to specialists in Burlington, but the city traffic and commute may deter patients from following up or going to these appointments.

Lifestyle

- Farming is much more than an occupation, it's a lifestyle. One farmer asked how you can involve and incorporate health practices into their lifestyle. Other farmers mentioned herbalism and alternative, or more holistic, medicine being something frequently utilized.
  - Regarding birth control, one farmer shared a common argument she's heard peers use, "If you're leading a holistic, from the ground life, why would you put hormones in your body?"

Conclusion and Recommendations

Through our formative research, we identified farming networks and gather communication mechanizations that can help increase awareness of well-woman visits.

- Person-to-person communication is best and works especially well if there is someone in the community that farmers already know who can advocate for the cause, or at the very least introduce you to the population you hope to work with. Project longevity and success rely on speaking with farmers and going where they are and where they go.
  - Peer-to-peer education on various topics often occurs within farming community.
  - Workshops, tabling at conferences or field days, conferences, and co-hosting events with farming organizations were strategies frequently highlighted.
- Mailings, either electronic listservs or print items sent to house/farm, are well-received.
- Web-based materials and communication are used more frequently as many farmers use social media for their businesses; however, there is varied use and broadband access throughout Vermont.

For women farmers in Vermont to receive preventive well-woman visits each year, they need to be connected within the healthcare system and have medical homes they can go to when their schedules permit. However, these actions are not enough: a culture shift is necessary if all farm women are to be able to get a well-woman visit. Farmers not only need awareness education on the importance of well-woman visits and ACA provisions for well-woman visits and preventive services, but also need medical providers who have flexible schedules and are knowledgeable of the challenges, risks, and occupational hazards they face due to their occupation. Transportation, timing, prioritization, and paid leave will continue to present barriers to well-woman visits and preventive care for women farmers, but perhaps outcomes will improve if the following steps and recommendations are followed.

- Assistance utilizing and navigating the healthcare system better and more efficiently
- Tips, tricks and ergonomic recommendations or strategies that address the physical toll of being on their feet all day and working their bodies harder than other professions
- Provider networks to provide mobile health clinics throughout the year to more remote areas; at the very least, greater flexibility in clinic scheduling and patient care hours
- Comprehensive health visits: incorporate screenings and advice on how to manage or prevent chronic conditions within the well-woman visit rather than separate appointments
- Behavioral and general preventive health recommendations that can be incorporated in daily routine given the restraints, challenges, and imbalance working on a farm can present