AgriSafe: Healthier is Here

Rural Health Clinic Technical Assistance Series Webinar
August 16, 2016
2:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question and answer session of today’s conference. At that time to ask a question press Star1 on your phone and record your name at the prompt.

This call is being recorded. If you have any objections you may disconnect at this time. I would now like to turn the call over to Nathan Baugh. Sir you may begin.

Nathan Baugh: Thank you operator. And I want to welcome all of our participants. My name is Nathan Baugh and I’m the Director of Government Relations, the National Association of Rural Health Clinics - NARHC, and the moderator for today’s call.

Today’s topic is, AgriSafe: Healthier is Here. And we’re joined by the Executive Director, Natalie Roy and the Clinical Director of AgriSafe, Carolyn Sheridan.

This series is sponsored by HRSA’s Federal Office of Rural Health Policy and is done in conjunction with the NARHC. We’re supported by a cooperative agreement through the Federal Office of Rural Health Policy that allows us to bring you these calls free of charge.
The purpose of the series is to provide Rural Health Clinic staff with viable technical assistance and RHC specific information. Today’s call is the 71st in the series which began in late 2004.

During that time there have been over 18,000 combined participants on the bi-monthly RHC national teleconferences, now being done as Webinars.

As you know there is no charge to participate in the call series. And we encourage you to refer others who might benefit from this information to sign up to receive announcements regarding dates, topics, and speaker presentations at hrsa.gov/ruralhealth/policy/confcall/index.html.

During the Q&A period we request that callers provide their name and city and state location before asking their question. Or you can type your question into the Chat box at the bottom of your screen.

In the future you can also email questions to info@narhc.org and put, RHCTA Question in the subject line. All questions and answers will be posted on the ORHP Conference Call Series Website and the NARHC Web site which is, narhc.org.

So with that I’m going to turn it over to Natalie Roy. Natalie.

Natalie Roy: Great. Thank you so much. And I’m so happy to be part of this presentation. I know that everybody is very busy and you have a lot of responsibilities. We are going to try to do our best to give you a good overview of AgriSafe and how we can be most helpful in the work that you do every day.
I’m actually here in Louisiana and as you know, this devastation and the flooding it’s taken quite a toll on everybody. I certainly have a strong appreciation for rural health practitioners and the amount of volunteer efforts.

I spent the day yesterday actually working at a Red Cross shelter in a neighboring parish and learned a lot about emergency response. The rural health professionals were such a vital part of that response effort.

I have a lot of respect for the folks that you all work with in providing that frontline care.

AgriSafe’s role is really about serving the agricultural population and recognizing that they have unique needs.

Our role is to assist that rural health professional, because we know when they’re placed in that rural setting they don’t have all the resources to care for the agricultural community. AgriSafe was founded about ten years ago to actually deal with the problem.

We recognized that there was a need for trained health professionals. Early on these health professionals received training at the University of Iowa about ten years ago. They then came together and decided to form a non-profit.

AgriSafe serves health professionals in rural areas, not just Iowa anymore, but across the nation, that don’t have resources to just develop an occupational health infrastructure for farmers but, want to pool resources to then care properly for the farming population.

Okay, our strategy, as I mentioned, we recognized that rural health providers are playing many, many different roles. We want to train AgriSafe health
professionals in rural areas within this healthcare system that they’re delivering services.

So it may be in this case, with you all being involved with rural health clinics, we think it’s a natural fit. If we can help the rural health clinic provider understand those occupational risks then we’ve done our job of increasing the competency among that rural healthcare setting.

What are the groups that we’re most interested in? Well actually there’s the entire span of life. When you think about agriculture, agriculture is a family event, right. We know that the workspace is also the home space.

The services that we have to think about providing really start from the very young to the very old. If you look at our level our interventions you’ll see that we have programs for the teen that may be working aside of their parent doing probably the same activities.

We have resources for the young family that might be starting and having children. What does it mean to be farming and to be pregnant while farming?

Of course we all know that farmers don’t stop farming. They farm until the end of life and they do that with a lot of pride. It’s our job at AgriSafe to make sure that if an elderly farmer wants to continue to farm, that they have the best possible occupational health resource to do that. We really focus on that continuum of life.

We have a clear mission which is all about training that network of health professionals. We want to make it easier for them to do that job. We know they can’t just hang a shingle and say, all we do is agriculture. We need to figure out how to simplify some of those challenges.
Those challenges really involve the fact that there isn’t a clear public health infrastructure for this. So if you look at public health services you don’t see a focus on agriculture.

We know that particularly nurses are really on that front line that are providing a lot of that outreach. We like the fact that nurses receive training in this field and that we train them through both onsite and Web based training options.

We also know that in an agricultural setting, you know it may be an Ag business but it doesn’t mean that there’s a health and safety person at that Ag business advocating for that employee.

Many of these Ag businesses really don’t have someone dedicated to health as you might see in other industries.

We know there’s a strong dependence on local healthcare provider in rural areas. And that again, they may have very limited access to agricultural medicine.

So, how do we address these challenges that the rural health professionals face when they’re trying to take care of the needs of many different types of people. And perhaps many other types of industries, not just agriculture.

Well we can’t do this without the network that we’ve established. And so we continually look at what we consider champions and we find them at the local level, the state, and regional level.
If you look at our membership platform it follows something similar. We have people who are members of AgriSafe at the individual level. Those tend to be health professionals and they’re trying to access our health services resources.

Then we have organizational levels. So you may have like I have in Maine, a group of federally qualified health centers who joined as an organization. And then we have state affiliate level.

We also have international influence. That came about because of the fact that we had partners in Australia who were wanting to follow the same model. We are really are excited about the fact that AgriSafe is filling this niche that’s not being taken care of.

Okay, so what do we - at the end of the day, what do we actually do? Well, one of the areas that we know needs to be done is clinical resources. So if you’re a rural health professional, what is the standard?

If you have someone who applies pesticides, what is the standard of care? What are some of the resources that you should have in front of you to deal with this professional and what should you recommend?

We have advanced training programs. If you’re not familiar with AgriSafe then you may not know that every month we have Webinars. And we do that both through bringing in experts to teach on those Webinars, but we also have curriculum that we develop ourselves.

And then outreach services. So those are going to be explained a little bit later in terms of going out to colleagues and working with partners to bring our services out to the community.
We have an Ag Health Risk Assessment. That Ag Health Risk Assessment is something that my colleague Carolyn will show you towards the end of the presentation.

And that’s on our Web site and that is for you to use at your rural health clinic. It is a Web based health risk assessment meant for farmers. It’s the only one in the country and it’s there to help you do a better job of taking that history.

What’s great about that health risk assessment is it generates recommendations for the farmer based on the input.

In terms of our resources and how we make those available, like most organizations the best place to start is our Web site. And Carolyn will explain a little bit about how to navigate that.

This screenshot is a little bit old, but you can see that we have avian influenza listed there right in the center under news and features.

AgriSafe was the lead organization to respond to this epidemic. We know that over 40 million birds were dying in the Midwest and we had farm workers who were dealing with the cleanup.

There was not clear guidance on how to protect the people working with the cleanup. So it wasn’t that we were concerned about the transmission of the influenza because it wasn’t a threat. But we were concerned about the ammonia buildup and the impact for the person in the cleanup.

It gives you a good example. There wasn’t any protocols on recommendations for personal protective equipment. It wasn’t anticipated what this workforce
might be experiencing. AgriSafe took the responsibility, along with some NIOSH Ag Centers, to respond to this.

So I hope that your rural health clinic will use AgriSafe as a go-to organization, especially when you have emerging issues that come about and you don’t quite know how to react to the farming population in terms of that response.

I’m going to kind of jump and show you a couple of our fact sheets. The audience is either the health and safety professional or the agricultural producer.

These fact sheets you’ll find on our Web site, and we hope that you’ll use them as a resource, actually in your clinic setting. We would be really thrilled if you could print these out, have them at your setting. Encourage your health professionals to pull those out, especially when they’re talking to the farmer they think may be at risk.

This slide shows a couple of other resources we have and we call it, Head to Toe. It’s an area that AgriSafe has perfected over the years which is, what do you need from the head to the toe to protect yourself working in agriculture?

What is so unique about this occupational group is that they’re not just doing one task. So they’re not just unloading grain which has its risks because you’re unloading grain and now you’ve got some respiratory issues in terms of dust.

But they’re also welding. They’re also applying chemicals. They’re also working under high, high stressful situations and under weather conditions.
Think about how complicated this particular workforce is. They are doing so many different tasks. For each of those tasks they actually require in many cases, different types of protection. And when I say protection I’m talking about personal protective equipment. You know the goggles, the respirators, the Tyvek suits.

In world of respirators, you may know the N-95s, but it’s hard to navigate them. I’m going to show you a slide of how many choices there are. How does a health professional who might be seeing a farmer who’s complaining every harvest of having you know, a bad cough and respiratory issues, how does a health professional make a recommendation to the farmer when there could be so many multiple exposures.

That’s where AgriSafe comes in. Our job, if we can get the attention of health professionals to look at these preventive measures, is to, how do you make it easy for the health professional to make recommendations?

This particular slide is showing you resources that we have for the agricultural producer. When I say producer, that’s the term we use to explain the farmer or the agricultural worker.

We would love it if rural health clinics printed these out, had them available, use them as a clinical educational tool. Okay, so these are just specific ones that again, are for the audience of the producer.

This is a map…

(Bill): Natalie?

Natalie Roy: Oh, go ahead.
(Bill): Can I - I want to make sure, so what you just said, that folks would print these out and maybe have them in their waiting room for the farmers or the agricultural workers who are there.

So this is actually - these materials are geared towards the individual, not necessarily the healthcare provider?

Natalie Roy: Right. And we have both.

(Bill): Okay.

Natalie Roy: And we’re going to - at the end of the presentation I’m going to show you how to figure out where to find what you need for patient resources versus what the resource is for a clinician.

(Bill): Okay.

Natalie Roy: And Carolyn is going to show you on our Web site how to find that.

(Bill): Okay, great. All right, thank you.

Natalie Roy: We want to make it easy for clinics to go ahead and you know, put this information on their wall. So for example, this particular slide I have up, this is all the masks that are out there. There’s a lot more choices than this.

This would be a good example where a rural health clinic, if they’re located in an area that they think that this would be helpful, they could take this and actually print it out to be a very large size and have it in their exam room. So they could - the provider can point to it and say okay, I want you to you know, think about this N-95 because you’re working with grains.
The best situation is to actually have one of each of these masks in that office - in that examining room so you can actually pull it out and show it to them. And they actually understand they’re basically walking away with a prescription for personal protective equipment from their provider.

We know that farmers are going to be more likely to go get the right mask if they get proper information and if the health professional says look, we can really cut back on what symptoms you’re having if you take this time to do that.

The problem is, that health professionals just don’t know what to recommend. I want to emphasize that if you were to ask farmers what they’re currently using, unfortunately you’re going to find a high number of farmers are going with that one strap mask, shipped in from China. It’s not NIOSH approved.

And when I say NIOSH, that’s the National Institute of Occupational Safety and Health. That’s a federal agency that approves all the masks on the market.

And if you look at the one strap cheap mask in, there’s no NIOSH certification on this. No imprint. And unfortunately that’s being sold and farmers are feeling good about making that step. But they are providing the protection they need.

We have junky product out in the market that makes it harder to do the job on this. I would really emphasize how important that is that those masks are not helpful.

We had a safety store up on our Web site where we had these products. Because we realize that farmers, if they went on line to purchase them for
example, or went to their Home Depot because Home Depot carries NIOSH approved masks, they’re still not getting the complementary information that goes along with it because nothing was designed for farmers to say, this is what you need.

We did have a safety store and unfortunately we had hackers come in and crash the store. So we’re rebuilding the store. The idea is that a farmer could go online read information about unloading grain. And they can select it, purchase it, and the sale of it - we sell it, then the proceeds go to support our mission.

Our prices are right in line with the competitors. They’re not paying more and they’re supporting a cause.

We like that idea because they can’t always get access to a health professional that knows what to recommend. We want to make sure to fill in that gap when they can’t figure out where to purchase it from.

We hope to have it slated to open up you know, in the next couple of months. Certainly we can make announcements about that when that happens.

Okay, so the next fact sheet I have is a campaign we have that we call, Take Five. This is another example of a great fact sheet that we hope that you can have in your office setting.

What we’re asking the agricultural producer to do is to take five minutes of very busy time with the health professional to talk about their occupation. The reason why we’re asking the farmer to do that because we know that the health professional is so busy they may not stop long enough to talk about the specifics of what that person does with their daily tasks.
So we’re looking to empower the patient to take action and say, well could any of these things be related to what I’m experiencing? So that’s what this fact sheet is about.

Okay Carolyn is going to show you also on our Web site, where you can see information about our College Health Program which we’re really excited about. And so I’m not going to steal the thunder there. I’m going to let her talk about that just real briefly.

I just want to let you know, this is an example where we go in and we work with Ag colleges. We get the kids excited about prevention. They respond to it. They don’t want to have the same conditions that their father before them or parents before them had. So, we’re seeing some great results.

This College Health Program, we can potentially bring it to your communities, depending on how well things are coordinated with Carolyn. She will explain a little bit more about that.

This slide is just to get you thinking about the fact that we also can provide service to agribusinesses in terms of the training initiatives. And most agribusinesses utilize our Web based platform for that.

If your rural health clinics does any work in occupational health, then if they take the trainings that we provide then they become more competent. When they go out to the businesses then they can sell themselves as having competency in this area.

So those agribusinesses trainings are very important for rural health clinicians that are interested in serving local Ag businesses.
This particular fact sheet is about OSHA. It’s not an area that most health professionals are interested in spending a lot of time in because it’s complex. But again, if you’re a rural health clinic and you have any type of services that you do to any businesses, then you really do need to understand OSHA requirements and how OSHA is positioned in terms of what needs to be in place.

For example you know, an industry has to have a respiratory program. Do you have a health professional that’s qualified to go in and consult on that respiratory program or a hearing conservation program?

So these are resources that AgriSafe has invested a lot of time in and we do have trainings that correspond with these OSHA standards.

We recognize that farmers are very busy. But they also deal with a lot of sophistication in their business.

Farmers are very actively involved with technology. They have to be because they are looking at weather conditions. They’re looking at prices of products and grain.

I mention this because too often I think that there’s this mentality that we don’t quite give farmers the credit to be able to navigate, you know, resources that are on the Web.
AgriSafe is looking at what type of trainings can we provide actually, that can directly benefit to the producer. Because they’re not going to necessarily always have a health or safety professional that can deliver that information.

I know I’ve jumped around, back again to training, but I just want to show you this slide because we do a combination of Web based training, but we also know that if you can pull health professionals together for like three or four days -- in some cases it’s a week -- then they go through what we consider like an institute type of course.

It’s an intensive, usually three to five day training. These trainings - what we call agromedicine trainings, AgriSafe is a vital part of that.

We certify these trainings to meet our expectations. We also instruct them. Carolyn is the lead instructor. What these trainings allow someone to do, if they really want to provide a real level of service in the community is that they get taught by experts in the field. So there’s different experts on these issues.

The idea is when they go back to the clinic setting they integrate that new knowledge and how they deliver care.

These trainings have been going on for you know, 15 years. We’ve got - one in Iowa, Nebraska, Vermont, North Carolina, and actually Texas just did one recently. We’re hoping to grow that to try to influence more of that in the future.

This is a cholinesterase algorithm.
So do you take a baseline cholinesterase on a pesticide applicator? How do you make that decision? By getting that baseline we know if they’ve had a poisoning, we can go back, repeat that cholinesterase test, and then see if it’s changed the baseline.

There was no clinical algorithm for it. This is an example of a resource. We’ve got another page that goes with this that explains the protocol that we got together with the migrant clinicians network and the National Farm Medicine Center and developed an algorithm to helps clinicians make that decision.

We’re in the process of doing the same thing for pulmonary function tests. When do you take pulmonary function tests of a farmer who perhaps works in the confinement?

You know, there’s no standard for that so AgriSafe see’s their position as trying to clear the murky waters and figure out what guidance can we give clinicians. Certainly we would welcome any concerns or questions from rural health clinics in terms of, are you running into situations where you don’t have clear guidance on.

This is another example of a fact sheet. This one is different than the other one because this one is actually really meant for that health and safety professional. It has to do with that hearing conservation program. So this would be one that you would not put out in your clinics for farmers.

I mentioned about Webinars. We’re really proud of these Webinars because we started these Webinars back at a time when nobody was doing Webinars.
We like them because we know that rural health professionals don’t have the time to drive four hours for a training and back.

We have over 60 Webinars that people can access in what we consider, on demand. And what that means is that you have to be a member to do that and the membership is as low as $75 a year for an individual or $250 for an organization.

What that allows somebody to do is on our On Demand Webinar is to view that on their own time. Those Webinars as I mentioned before, are taught by experts across the country in fields that they specialize in.

For example, we had a Zoonotic expert present on needle stick injuries. What do you do when there’s a needle stick injury? You know, when they’re using the needles on animals and they stick themselves?

You know there’s a lot of clinical aspects to that, right. You know, what’s the response to that?

AgriSafe isn’t an expert in all these areas. And so we really like the fact that we are the go-to organization. If there’s an expert in the field, it could be farm work or health. It could be even dental health - they’re going to showcase their trainings through us because we’ve already built that platform for that. So please make sure to check out our offerings in our On Demand webinar library/

Now our live Webinars - most of our live Webinars that we do are free when we offer them.
Farm Safety and Health Week is coming up in September. We have Webinars every day that week and they are accessible and open to the public.

I hope that you can perhaps promote those Webinars. You may want to consider promoting them to your community. There’s nothing that we do that would keep you from, if you’re interested in letting your community know about these resources. So all the resources we share with you, feel free to pass them on.

I’ve also mentioned in this slide here, to consider becoming a presenter. Now we are always looking for topics that we might have not touched upon that are important. We are looking for presenters for that.

The last piece is probably not related to the audience on this call, but we do have our Webinars are being used in the academic settings. So they’re used to complement course offerings to help students understand this population and their needs.

So really our objective at the end of the day is that we want to have a situation where farmers and ranchers across the country have access to highly trained clinicians.

We want to see that, you know, a 50 mile radius that a farmer can go and find a professional that has attended either the intensive week long training or has invested time in the Webinars.

If you go through the intensive training and you pass the test then you can make the claim at your clinic that you’re an AgriSafe certified provider.
You can take that name AgriSafe and you can talk about it in your community. You can get on the radio and say I’m an AgriSafe certified provider. We have health clinics that are using that designation to help actually market their services.

Clinics do compete with each other. Clinics have invested time and send health professionals - let’s say it’s a nurse practitioner for example, to the AgriSafe course, they want to be seen by the farming community as the go-to clinic.

AgriSafe will support your marketing efforts to distinguish yourself so that farmers can find you easily. They know that you’re legitimate. We will place you on our map to make it easy for somebody to say okay, is there an AgriSafe provider in my community.

If they look at the map the idea is they should be able to find you on the map because we put you there and we’ve listed you as an AgriSafe certified provider.

We’re very proud when health professionals go through that intensive training because they’ve taken a week out of - almost a week out of their busy time. They’re certified because they’ve passed the exam. We want to make it easy for them to market that specialty in their community.

So feel free, if you are one of those people that have gone to those trainings and just haven’t learned how to showcase what you can do, or you’re interested in that in the future, feel free to connect with us. We want to make it easy for you to promote what you’re capable of serving.

That is the end of my part of the presentation.
Carolyn Sheridan: I would also like to say that I’m very pleased to be part of this Webinar with Natalie. Being the Clinical Director of AgriSafe Network for a number of years and living in a rural community in Northwest Iowa, I certainly value the role that those of you on the Webinar have today.

The rural health clinics are vital and very important in the rural areas. So we certainly understand the need to have resources. I’ve worked in a rural hospital for a number of years. Starting in 1990 I became the Clinical Director for AgriSafe Network.

I understand that very early on that it was a specialty area and I was able to get training at the University of Iowa. For a number of individuals across the state and eventually the nation, to develop many of the resources that we’re talking about today.

Carolyn Sheridan: The first screen that you’re seeing up there is our home page. And we try really hard throughout each week and throughout the month, depending on what’s going to, to make this up-to-date and let you know what we’re doing at AgriSafe but, also some things around the country that we think you might want to be aware of.

We’re particularly excited about our Total Farmer Health.
And as many of us are sharing about total worker health, we think Total Farmer Health is just important to think about how farmers also need to be thinking about total worker health and how does that look slightly different. In some cases for the farmer, the producer, or the agricultural worker.

You can see where we have our AgriSafe in Action newsletter and that comes out monthly. We encourage you to sign up for that so you can get that dropped right into your email once a month.
We archived AgriSafe in Action newsletters. Each month we try to find a few things that we think are very relevant; maybe some emerging issues that also remind you of upcoming Webinars. Remind you of things in other organizations that we’re partnering with or doing. But there’s a wealth of resources right out there in our AgriSafe for Action newsletter.

So we try to also make sure that you understand about things such as agricultural medicine textbook that just came out. You can see that featured on our home page right there.

If you go to our Training tab at the top, the training leads you to first of all, some live Webinar opportunities. We have live Webinars, On Demand Webinars which would be the ones that Natalie had talked about where you would - they would be archived. And they are listed under categories.

And then specialized training is that agricultural occupational health Ag medicine course. And we make sure that people are aware of what’s coming up in different parts of the country.

I’ve been fortunate enough to be a part of those trainings across the nation for a number of years. What’s very surprising to me as a registered nurse who grew up on a dairy farm - farms in a rural area with a husband, to figure out what I didn’t know so, I actually took that training.

We also are very aware that as you move across the country that those trainings need to look different. For instance I just returned from a training in Nebraska. Prior to that, one in Iowa. Prior to that one in Vermont. Those
trainings looked different depending on what was happening in agriculture in that region of the country.

We also want you to understand about the Ag Producer Resources. The reason that I moved to that one next is that training we talk about how can you reach your audience? How can you reach the producers, the workers; the farm wife.

There needs to be some very specific resources, based on topics, for this particular population. We focus the resources we helped develop, but also on other resources that we have researched and looked at so that we know, you know, exactly what we’re recommending to you.

Clinical resources that we have decided are helpful to a clinician if you’re in a rural health clinic and you want to find something specific for the agricultural population.

Carolyn Sheridan: The AgriSafe Integration Guide, we worked on to put everything in one spot.

Now we’re saying lets point you in the direction of a place right out there on our Web site where you can get the things that we think probably are what you’re going to think about the most including some screening forms.

We’ve got examples of clinical screening forms. Not saying that you need to necessarily use these, but you may find some ideas on how to either modify existing resources that you have, or clinical screening forms. AgriSafe reminds you of the things that we need to make sure we’re asking the producers, the farm wife use when they come in. Lots of good ideas about AgriSafe agricultural health and safety in the rural communities.
One thing that Natalie mentioned when she was showing you a number of our resources in her presentation is that there are ones that are for the producer and then there are ones we’re talking about for the professional.

But as many of you that are on this phone know that sometimes even those resources that are designed for the client, as a clinician I can learn from those. Or I use them as teaching tools and it reminds me of some things that I want to be sure and mention when I’m doing education.

So particularly the Respiration Selection Guide, that’s designed for not only the individual who’s trying to figure out a respirator, but for us as clinicians, how we make the right recommendation.

Both types of people can use them. A clinician can use the resource, but also it’s very applicable to give that to the producer as well.

Carolyn Sheridan:

The Ag Health Risk Assessment tool we feel could be a very helpful addition to people’s care when they come in to see you or see the physician or nurse practitioner. Or even before we see our primary care provider as a nurse I could take a look at this.

So the idea is to have people fill this out on their own time and determine what some of their own health risks may be related to farming. I did notice you know, on my provider page here locally in Northwest Iowa, there’s something very similar to this now where it says, assess your health before you come to see us.

And so it’s talking about cholesterol, blood pressure and just some common things to go to for a preventative health screening.
This is very similar to this with the addition of the agricultural risks. That we want to make sure that people are thinking about what their risks are because we know as healthcare providers we’re very busy. And we may not always remember to ask the right questions. And sometimes there’s not a lot of time.

So someone can come to their appointment well prepared with their concerns, and particularly to point out their exposures, that’s very helpful.

And so if anything, I would encourage you to go take a look at this yourself. It’s a click-through and maybe take a good look at that. Maybe it will give you some ideas about questions that we can be asking or maybe even promote this when people are coming in to access care.

Natalie Roy: The ability for the recommendations are so critical that if somebody for example says they work in a farming operation and they don’t they don’t use personal protective equipment, it’s going to recommend what they should so. So it really becomes recommendations specific to that person’s exposures.

Carolyn Sheridan: Depending you know - on how people answer, there’ll be different recommendations to come up.

The College Health program started in Northwest Iowa in the early 90s.

And about four years ago we became aware that there was a lot of interest in other areas of the State of Iowa and also in the nation. We were very fortunate to receive funding to move this program into other areas of the country.

Our primary goal really is to partner with two and four year agricultural colleges and provide some occupational health educational services. It is
designed to understand the risks of the students before we arrive in the classroom.

We do a pre-survey so we know exactly what types of exposures, and also what kinds of personal protective or what they’re doing for health and safety and agriculture before we get there.

There is a lot of interaction with the students. We know we can’t be stagnant. We don’t have general lecture, we have lots of demonstrations.

We also have a strong partnership with 3M and each student receives about $60 worth of personal protection equipment at the end of the class that goes from safety glasses, chemical resistant gloves, coveralls, hearing protection, two-strap respirators, and also the ability to get a canister respirator if they so desire and if this is what they need for their work environment.

We really want these young students to become their own health and safety advocates by providing them knowledge, but also providing them with some of the tools that they need to be able to go home or actually be on the college farms and use personal protective equipment appropriately.

Many many times we see the student very concerned about their father, their grandfather; their brother or even their peers. And they are taking this information home with them, asking about ways that they can get more personal protective equipment.

So we are slated to reach about 1000 students in several states in the upcoming year, but we’re also very interested in reaching other areas of the country that we have not been.
Certainly reach out to me -- my information is on the Web site, my email address as well as my phone number -- if you would happen to know of a two or four year college in your area that you think that we could partner with to promote this program.

We are also fortunate to be the recipient of the Susan Harwood Training Grant where we are addressing young workers. And going into the high schools and we have some very specific programs.

One of them would be related to hearing, the other related to personal protective equipment. And we’ve got some new topics coming on this year related to sun safety is one of them.

Our goal is to begin to look at not only college age students, but high school aged students. And having delivered some of those programs this last spring, those college aged - high school aged students, are also very interested. They certainly are willing to take suggestions, particularly if the information is given in a fun and informative way.

We are looking at the continuum of life, starting at the early age as possible and going throughout you know, until - I guess until the elderly farmer decides to quit farming which most generally is never.

So the thing we’re excited about too about the College Health Program, which I should have mentioned, is we do provide some clinical type screenings for these students, to give them some baseline information. Hearing screening, blood pressure, BMI, and in some cases even a baseline type of a lung function screening.
I think Natalie did a good job of mentioning that we’re not the expert in everything. We certainly collaborate with lots of organizations across the country to have a strong resource for our rural health clinics, healthcare providers and safety providers across the nation.

I’d like to maybe finish up with showing people a little bit more about how to become a member.

The ability to network does happen by knowing who’s out there and how we can connect with them.

As I said at the beginning that the newsletter is a great way to get real-time, on demand type of information too, about once a month. But also continue to check our Web site as we certainly are adding new resources all of the time and providing good information real-time.

As you can see, the Farm Safety and Health Week is right up here. And the Webinars are listed there for the entire week of September, starting September 19.

So Natalie I’m going to turn it back over to you again. You’ve done a good job of walking through what I’m talking about. And before I stop I would just - I would like to thank all of you who have joined this Webinar today.

I strongly believe what you’re doing for the rural communities; the rural health clinics are vital to the health and safety of our agricultural families, workers, producers and thank you very much for what you’re doing on a daily basis.
Great, thank you Carolyn. You covered so much. I appreciate that. The slide what I’m showing right now is the Farm Safety and Health Week where you can see we’re hosting Webinars every day. There’s no cost to attend those.

If you want - as a clinic if you want to start somewhere and say, what can we do to maybe do more for this community, this would be a great way to start is to embrace this week.

It’s a national effort. You see that there’s organizations from all over that are celebrating this week. A way that you might be able to celebrate it is to promote it - promote the trainings that are available. So we would be happy to work with you on that.

We are, as far as the College Health Program that Carolyn mentioned, and the training for high school students, those are both grant funded. So that means that there’s not a cost for those type of initiatives. But because there’s a high demand and we are a national entity, it’s sort of like the squeaky wheel is the one that we respond to.

So if you’re interested in getting those types of resources in your community, please reach out to us and we’ll work out the scheduling of that.

So we’re done with our presentation but, I think there might be some questions. We’d be happy to answer.

Great. Operator would you like to give the instructions for those who’d like to ask a question over the phone?
Coordinator: Absolutely. If you’d like to ask a question through the phone, please press Star1 and record your name clearly when prompted. Your name will be required to introduce your question.

If you need to withdraw your question at any time you may press Star2. Again, to ask a question, please press Star1 and record your name. It will take a moment for questions to come through. Please stand by.

Basin Electric: And while we wait for questions to come on the phone, we have a question from the Chat box from Clinicas del Camino Real who wants to know, are any of the materials on your Web site or any of your other materials in Spanish?

Natalie Roy: Yes, great question. This is a question that is coming about more often than not. It tells us as an organization that we need to think about how to find some funding resources for that.

We don’t have resources right now to do that with what we’ve developed, but we do allow other folks to go ahead and do that translation.

The Head-to-Toe fact sheet that I showed you that had - it had like a person - a big person on the side, we do have a partner organization, University of Nebraska that will be translating those resources in Spanish.

And if you go ahead and email me at nroy@agrisafe.org, I can certainly notify you when those are done.

Nathan Baugh: Great. Operator, do we have any on the phone?

Coordinator: I show no questions through the phones at this time. But again, to ask a question please press Star1 and record your name.
(Bill): I have a question. I’m just curious, do you find, particularly when it comes to the occupational safety and health, that there’s a level of distrust or skepticism among the farmer community - farming community with regard to the government? And is that an issue your folks - you talk to people about having to deal with? How to present this to their patients. Is there that kind of, well that’s Washington talk. We don’t need that kind of stuff in our community?

Natalie Roy: I’m going to let Carolyn answer that because she’s right involved with the farm community every day.

Carolyn Sheridan: Yes, as far as - I think I just need to clarify the question back to you. Do you mean government meaning OSHA? Is that what you mean? Would there be…

(Bill): Well government, you know, they see OSHA. But you know they’ll look at it and go, my father didn’t have to do this stuff. My grandfather didn’t have to do this stuff. I’m not wearing any mask, you know.

Is there just an inherent distrust that you encounter that folks need to be prepared to deal with or, is that not an issue?

Carolyn Sheridan: Yes. I would say no, I haven’t seen it as an issue and I work with the rural population in Iowa and with lots of other clinicians across the nation. I don’t think they see someone wanting to help with health and safety as governmental influence.

I think that they are thankful for someone who does understand the risks and has some suggestions. And particularly if someone is willing to listen to what they have to say or really knows how to ask the right questions.
You know for example in the spring, if someone comes in I can say hey, are you working with pesticides? And don’t forget, you know, look at your labels. And it’s not a judgmental type of a discussion it’s simply a reminder.

And if someone in the health and safety world understands them well enough to ask the right question and provide some good guidance, they’re certainly receptive to that.

(Bill): Good.

Carolyn Sheridan: Go ahead.

(Bill): No, no, no I think that’s good. I was just curious.

Carolyn Sheridan: There is some concern you know, of OSHA regulations and how that impacts family farms versus you know, maybe different parts of agriculture that need to comply with OSHA. We have a great Webinar on that that talks about the agricultural exemption related to farming.

We certainly always advise and want people to understand that we should always protect ourselves, whether we have to comply with OSHA or not, according to an exemption that’s very poorly understood.

So I think that with education as healthcare providers or health and safety professionals, you know that in itself takes away that worry or wonder, who’s telling me to do this. Just because I care about your health and safety as your provider.

(Bill): Great.
Natalie Roy: We have a question about getting a copy of the presentation. And (Bill) I think you all have a plan for that.

(Bill): Yes, what we’ll do is it will be posted up on the Office of Rural Health Policy’s Web site. We were trying to get it posted up on the NARHC Web site. Unfortunately the size of the document in terms of the slides were too large to be able to get out to the office in Michigan to get them to load it up.

So we will get it loaded up onto the NARHC Web site for download as well. We just have to figure out how to get it to them in a zip format.

And then we’ll send out notification on the ListServ when those are available for download.

Natalie Roy: Great.

Nathan Baugh: Operator, do we have any other questions?

Coordinator: I show no questions in the queue at this time.

Nathan Baugh: Okay, great. Any closing remarks Natalie or Carolyn?

Natalie Roy: Thank you for the opportunity. We are a national organization but we are certainly a small group that’s willing to respond. Don’t hesitate to pick up the phone.

We don’t have to be reached by email all the time. We’d love to hear from you and certainly get a sense of some of the challenges that you see happening in your community. So please make sure that we’re a resource for you. Thank you for your time.
Carolyn Sheridan: Well stated Natalie. And once again, I can echo what I said earlier, thank you for the time and effort and the things that you do on a daily basis for this population. Have a good rest of your week.

Nathan Baugh: Great. I’d like to thank everybody on today’s call, especially our speakers Natalie and Carolyn for their presentation. As well as the Office of Rural Health Policy for this RHCTH series.

Just a reminder to please encourage anyone else who may be interested to register for the RHCTA series. We welcome you to email us with your thoughts and suggestions for future call topics at info@narhc.org. Please be sure to put RHCTA Topic in the email subject line.

The next RHCTA call is scheduled for Thursday, September 15 at 2:00 pm Eastern. And I believe it’s going to be on Rural Health Clinic Participation and Alternative Payment Models. So certainly an interesting subject.

A notice is going to be sent by email to those who have registered for the call series with the details for the next call. And thank you for your participation. This concludes today’s call.

(Bill): Thanks everybody.

Coordinator: That concludes today’s conference. Thank you for participating. You may disconnect at this time. Speakers please stand by for post-conference.