

Health and Safety Concerns among Agricultural Workers

When answering the following questions, please consider your experience with agricultural workers (including farmers, ranchers, or farm/ranch workers) who receive care in your practice:

1. In your practice, what are the three most important medical conditions (physical and mental) **that affect agricultural workers' ability to farm safely?**
 - A.
 - B.
 - C.

2. In your practice, what are the three most common injuries and illnesses **resulting from agricultural work?** Please provide some detail on the type of agricultural work that leads to these injuries and illnesses.
 - A.
 - B.
 - C.

Resources for Providers

3. What resources do you need to evaluate, treat, and prevent injury and illness among agricultural workers in your practice? (Check all that apply)
 - Training for clinical staff on recognizing injuries and illnesses resulting from agricultural work
 - On which topics? _____
 - Would you prefer online or in-person training? _____
 - Printed materials relevant to farmer injury and illness prevention
 - On which agricultural safety and health topics? _____
 - In which languages? (please list) _____
 - Personal protective equipment (hearing protection, chemical gloves, respiratory protection) to assist in educating agricultural workers
 - Assistance with outreach activities (such as trainings and/or safety fairs) to address agricultural health and safety issues in the local community
 - Periodic updates on new and emerging issues in agricultural health and safety
 - Other (Please describe):

Mental Health

Stress and mental health are important concerns in rural agricultural communities. We would like to better understand the resources available to address mental health issues in your area.

4. What do you do when you encounter farmers with mental health needs? (If you don't know the resources available to address mental health needs in your area, or if you have not encountered farmers with mental health needs, please indicate that below.)

5. What do you need to better address mental health care needs for farmers in your area?

Demographics

6. What type of provider are you?

- | | |
|---|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Chiropractor |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Physical/Occupational Therapist |
| <input type="checkbox"/> Nurse Practitioner(NP) or Advanced Practice
Registered Nurse (APRN) | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Registered Nurse (RN) | <input type="checkbox"/> Social Worker/Community Health Worker |
| <input type="checkbox"/> Mental Health Provider | <input type="checkbox"/> Medical/Nursing Student |
| | <input type="checkbox"/> Other: _____ |

7. In which state do you practice? (Please use two-letter abbreviation) _____

8. In which setting do you practice? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Urgent Care | <input type="checkbox"/> Mobile Clinic |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Rural Health Clinic | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mental Health Facility | |

9. Do you hold an administrator role in addition to your role as a provider? Yes No

10. Years in practice as a health care provider (approximate): _____

11. Do you provide health care to agricultural workers in your practice? Yes No

12. Gender:

- Female Male Non-binary

13. Have you heard of the Great Plains Center for Agricultural Health before today? Yes No

If so, where or how did you hear about us? _____

14. How would you like to hear from us in the future?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> E-Newsletter | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Postal Mail | <input type="checkbox"/> None |
| <input type="checkbox"/> Webinars | <input type="checkbox"/> Other: _____ |