

Active farming

Improving farmers' management of arthritis and musculoskeletal conditions

A RESEARCH PROJECT PLAIN LANGUAGE SUMMARY

Primary investigator: Dr Mark Newell

Institution: National Centre for Farmer Health, Western District Health Service Grant: \$20,000

Background

In August 2011 the Board of Arthritis and Osteoporosis Victoria (*now Musculoskeletal Australia*) approved the funding of the research project, *Active farming: Improving farmers' management of arthritis and musculoskeletal conditions*, as part of our 2010-11 Grants Program.

The aim of the project was to determine the health status, treatment and out of pocket expenses of farming men and women in the management of their musculoskeletal conditions.

Arthritis and musculoskeletal conditions

In 2012, an estimated 6.1 million Australians were affected by musculoskeletal conditions (26.9% of the population). This includes people with back problems (2.9 million people), osteoarthritis (1.9 million people), osteoporosis (0.8 million people) and rheumatoid arthritis (0.5 million people). In general, musculoskeletal conditions are more prevalent in women (31.6%, 3.6 million) than men (22.2%, 2.5 million). While prevalence rates are higher in older Australians, more than half of those with musculoskeletal conditions (58.4%) are aged between the ages of 25 and 64 years.ⁱ

The farming community

Farming is a physically demanding job, and farmers work to a greater age than the average worker. The risk of developing most types of arthritis increases with ageⁱⁱ; in 2010-2011 the median age of Australian farmers was 53, with 23% of farmers aged 65 and overⁱⁱⁱ.

Often, farming practices are associated with joint trauma and repetitive load bearing activities, which increase the risk of developing osteoarthritis^{iv}.

The project

Researchers approached farmers who had taken part in an earlier farmer health promotion study (Sustainable Farm Families™*) and were living with a musculoskeletal condition. Eighty-eight farmers agreed to take part.

Telephone interviews were used to collect data on farmers' age, gender, farming activities, any off-farm work, health insurance, smoking, alcohol use, current health care and medications.

Farmers also completed two questionnaires – one relating to quality of life (AQOL-4D) and the other relating to their arthritis (AIMS2-SF).







^{*}Sustainable Farm Families™ is a large program made up of several individual programs. It is aimed at farmers in Victoria and some interstate areas. Several thousands of farmers have participated over many years.

AQOL-4D (Assessment of Quality of Life) measures factors such as independent living, mental health and relationships. AIMS2-SF (Arthritis Impact Measurement Scales 2 - Short Form) measures how living with a musculoskeletal condition impacts on physical, social, and emotional well-being.

As well as the telephone interviews and questionnaires, farmers filled in a diary for two months. They recorded information about current medications, health care visits (including costs) and associated out of pocket expenses relating to healthcare - including travel to health professionals.

Findings

The people

Eighty-eight farmers took part in this study (52.3% male, 47.7% female). The average age was 56.3 years (range 29-78 years). The number of years with a musculoskeletal condition varied from 1 to 52 years, with an average of 19 years. Seventy per cent of farmers reported having experienced either fractures, joint injury or surgery.

The work

The average number of years farming was 37.4 years. The most common forms of farming were cropping (33.0%), sheep (28.4%) and beef cattle (21.6%).

Many of the farmers (29.5%) reported doing additional work off the farm, with an average of 22.8 hours worked per week. The extent of off-farm work varied greatly in type and extent. This meant that it was not possible to analyse any link between off-farm work and the degree of musculoskeletal conditions. However researchers were able to report anecdotally that they did not find an association between numbers of hours worked off-farm and expenditure on their condition or quality of life.

Healthcare – distance and associated costs

The distance travelled to visit a GP averaged at 31.8km, with a range of 1-212km. Specialists – seen by 29.5% of farmers - were an average distance of 190.9km away, with a range of 15-400km.

Sixty-eight farmers (77.3%) completed and returned the diaries in which they recorded arthritis-related expenses for two months. The average out of pocket expense during this period was \$219, with men spending an average of \$169.08 and women an average of \$271.62.

Implications

The findings provide us with an understanding of expenses related to living with a musculoskeletal condition for a sample of farmers in Victoria.

The information collected from this study suggests that farmers incur substantial out of pocket expenses when it comes to managing their musculoskeletal conditions. They also face significant issues when it comes to the distance and time required to visit health professionals.

Taken together with our recent consumer needs analysis^v, these findings point to the importance of providing consumers with musculoskeletal conditions access to evidence-based information to help them manage their conditions better. It also highlights the importance of developing strategies to make access to care and information less difficult, especially for those people who live in rural and remote areas.

How we can help

Call our MSK Help Line and speak to our nurses. Phone 1800 263 265 or email helpline@msk.org.au.

We can help you find out more about:

- arthritis and musculoskeletal conditions
- ways to live well with these conditions
- managing your pain
- upcoming webinars, seminars and other events.

<u>%20Labour%20force%20and%20other%20characteristics%20of%20farmers~303</u>



ⁱ Arthritis and Osteoporosis Victoria (2013). A problem worth solving. Melbourne. Arthritis and Osteoporosis Victoria.

ⁱⁱ Centers for Disease Control and Prevention (2011) Arthritis – Basics – FAQ. Atlanta. Centers for Disease Control and Prevention. Viewed 13 February 2014, http://www.cdc.gov/arthritis/basics/faqs.htm#2

^{III} Australian Bureau of Statistics (2012). Year Book Australia, 2012. cat. no. 1301.0. Viewed 12 February 2014, http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1301.0~2012~Main%20Features~Article%20-

^w National Health Priority Action Council (2006). *National service improvement framework for osteoarthritis, rheumatoid arthritis and osteoporosis*. Canberra. Australian Government Department of Health and Ageing.

^v Arthritis and Osteoporosis Victoria (2013). Exploring the needs of Arthritis and Osteoporosis Victoria's stakeholders: Consumers. Melbourne. Arthritis and Osteoporosis Victoria.