

Australian farmers: a high risk population for rural health

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Julie Depczynski

Lyn Fragar AO

Presented by: Tony Lower



THE UNIVERSITY OF
SYDNEY



Australian Centre for Agricultural Health & Safety

- › Higher rates of on-farm injury and road traffic accidents amongst farmers is relatively well known through research
- › Information on non-injury related health status and the main causes of death to Australian farmers as a sub-set of the rural population is less well known.
- › International literature suggests some health problems may be greater amongst farmers relating to, cardiovascular disease, some cancers, mental stress and suicide - but not mental illness

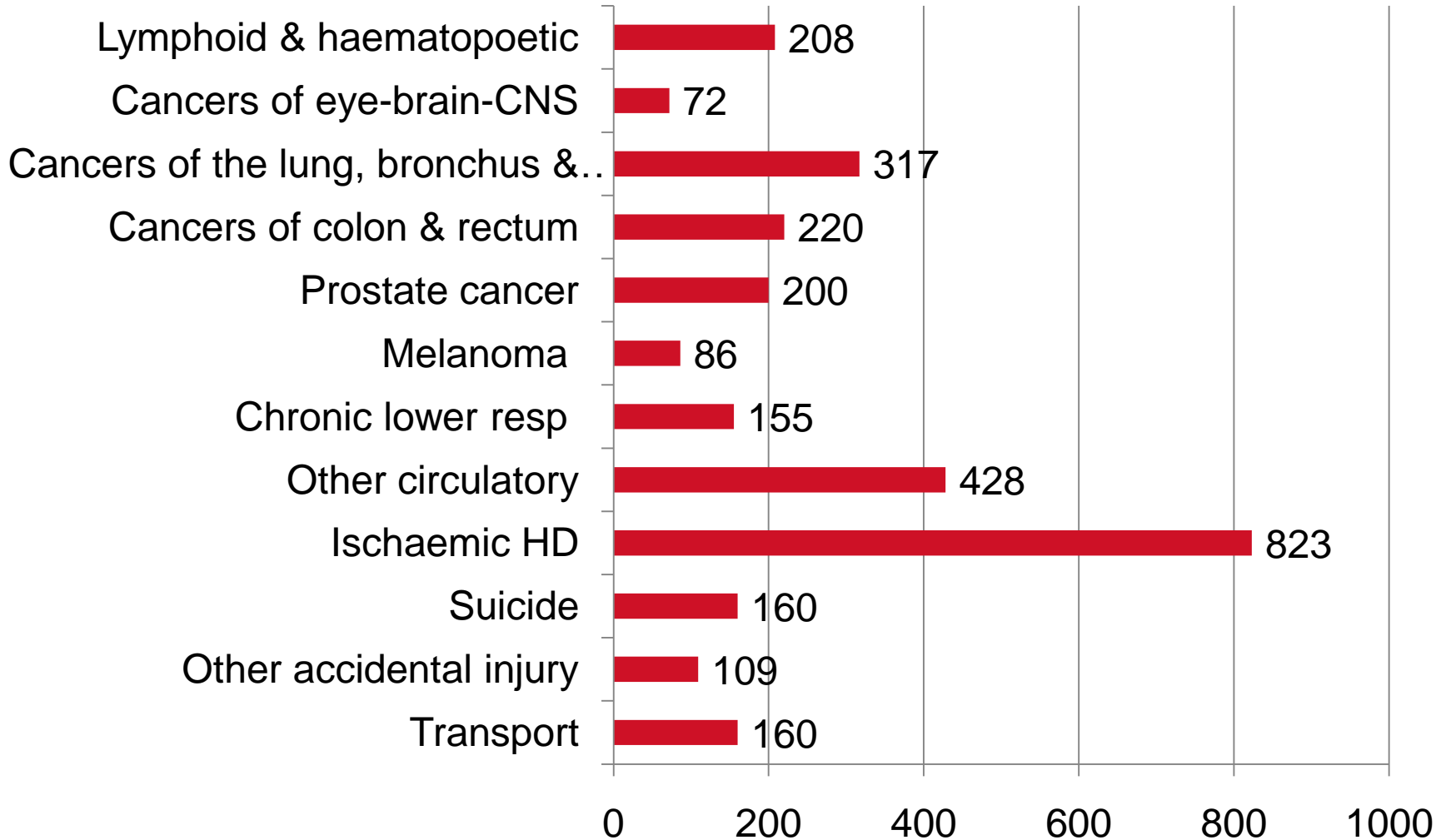
- › To compare the death rates from major causes for Australian male farmers and farm managers, to other Australian males for the period 1999-2002, as an indicator of health status

- › Age-standardised death rates of male farmers and farm managers were calculated and compared to the general Australian male population using:
 1. ABS Deaths 1999-2002 Occupation code 1400 (ASCO1)
 2. 2001 Australian Population Census, Occupation code 1300 (ASCO 2)

- › Occupation codes were no longer reported in ABS deaths data after 2002

- › Male farmers and farm managers 25-74 yrs had a significant 33% higher overall death rate due to all causes, compared to the Australian male population of the same age.

| State | No. of deaths farmers / farm managers | SDR / 100,000 | Rate relative to all Australian farmers |
|-----------------------|---|---------------|---|
| NSW | 1520 | 888 | 1.2** |
| Vic | 1360 | 1015 | 1.4** |
| Qld | 453 | 374 | 0.5 |
| SA | 199 | 350 | 0.5 |
| WA | 388 | 712 | 1.0 |
| Tas | 93 | 609 | 0.8 |
| NT* | 6 | 252 | 0.3 |
| ACT* | 6 | 722 | 1.0 |
| Australia | 4025 | 730 | 1.0 |
| All Aust males | 120311 | 549 | |



- › Main causes of death
 - cancers 1,633 deaths
 - cardiovascular disease 1,251 deaths
 - injury 433 deaths

- › Specific causes with over 200 deaths for the period were ischaemic heart disease and other circulatory disease; lung, prostate and colo-rectal cancers; and lymphatic-haematopoietic cancers

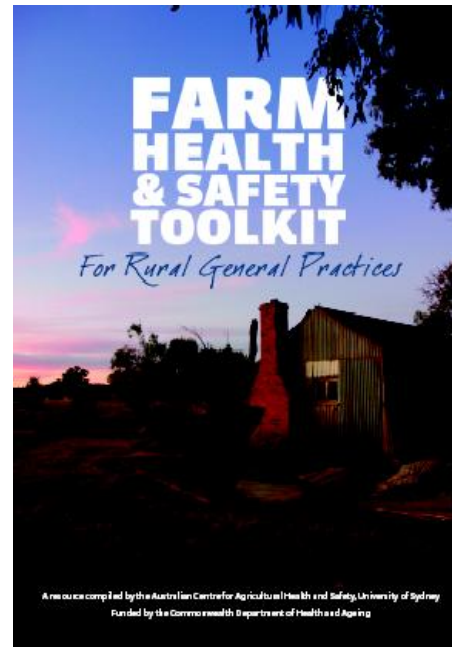
- › Compared to the general Australian male population, death rates for male farmers and farm managers were higher for:
- cardiovascular disease (40.8% higher)*
 - prostate cancer (136.7% higher)*
 - haemopoietic and lymphatic systems (79.5% higher)*
 - skin cancer (58.7% higher)
 - cancers of the colon and rectum (38.5% higher)

- › For male farmers and farm managers rates of injury death were higher for:
 - Road transport accidents were higher by 209.3%*
 - Other non-intentional injury by 19.5%
 - Intentional injury (suicide) by 20.5%
- Note: Male farmers / farm managers 65-74 yrs had more than double the rate of suicide of Australian males of same age.

Contributors to Higher Farmer Death Rates

- › Higher death rates amongst farmers found in this study, is in line with other research internationally. In particular, higher rates of prostate and lymphatic-haematopoietic cancers; and road-related deaths.
- › Reasons for these higher incidence rates may include:
 - delays in initial consultation and diagnosis (linkage)
 - difficulties accessing treatment services
 - lifestyle and environmental risk factors

- › This research on major causes of death for farmers has been incorporated into a health promotion resource entitled the: ***Farm Health and Safety Toolkit for Rural General Practices***



The 'Toolkit' aims to assist rural General Practitioners and other rural health professionals (especially those new to a rural area), better understand key health and injury issues affecting farmers

› The ***Toolkit*** includes :

- A farmer's check-up checklist (GP memo) with farmers relative risks of major injury and disease categories
- A summary booklet on farmers' health and safety
- Take home resources for farmers
- Clinic posters to promote farmer's health and safety
- The *Preventing falls for older farmers* resource

- › An independent evaluation of the Toolkit is currently in progress
- › In terms of health status outcomes - farmers and farm managers are a disadvantaged group when compared to the general Australian population.
- › Farmers should be considered as a priority target group within population wide rural health programs.