

How Climate Change Affects Small Farmers' Health in Arkansas

University of Arkansas of Medical Science (UAMS) is looking for small Arkansas farmers to take a survey.

What is the purpose of this survey?

The purpose of this survey is to learn about:

- The overall health of small farmers in Arkansas
- Farming practices
- What small farmers in Arkansas believe about our climate

Who can take the survey?

Small farmers in Arkansas can take the survey. You are a small farmer if your total gross farm income per year is under \$250,000.

What can I expect if I take the survey?

If you take the survey, you need to know that it:

- Takes about 20 minutes to finish.
- Has 40 questions.
- Is available in English and Spanish.
- Is done online, on paper, or over the phone with study staff.

Once you finish and turn in the survey, your part in the study is over.

Will you keep my personal information private?


No one will be able to find out who you are from the information we collect. If you take the survey, you allow us to share your answers. We will only use your answers for research, but your personal information will stay private. If you take a paper survey, we will store it in a safe place. The UAMS Institutional Review Board (IRB) and other offices can review the information we collect. This is to make sure that the survey is done right.

How will you protect my privacy?

The study staff will protect your privacy. Your answers are collected and stored in REDCap. REDCap is a secure database, and the data cannot be identified. Also, all the data is uploaded and kept in a UAMS box.com file. After the project, the data is kept for 7 years and later destroyed. This is UAMS policy.

Do I have to take this survey?

No, you do not have to take this survey. You can choose to stop the survey at any time. Just tell the study staff if you change your mind. We will not use any answers you already shared.



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Grade Level Range: 3rd – 9th
Grade Level Mean: 6.5
Level of Difficulty: Easy to read

What will I get if I take this survey?

If you take the survey, you will get a \$20.00 gift card. To get the gift card, you must fill out a form with your contact information. This is separate from your survey answers and we will not share it with others.

What are the risks of this survey?

The only risks of this survey include:

- The information you share might be made public (but not your personal information).
- You may not feel comfortable to answer the survey questions.

Who do I contact if I have questions?

If you have questions, call or email [REDACTED]

- Phone: [REDACTED]
- Email: [REDACTED]

If you have questions about how the study works, contact the UAMS Institutional Review Board (IRB) office.

- Phone: 501-686-5667
- Email: irb@uams.edu

Southwest Center for Agricultural Health, Injury Prevention, and Education paid for this project.

Thank you for taking the survey.

Part 1: About you

This part has questions about you. Put a check (✓) next to your answer. Fill in your answers or put a check (✓) next to your answer.

1. What is your age?

- 18 to 24 years old
- 25 to 34 years old
- 35 to 44 years old
- 45 to 54 years old
- 55 to 64 years old
- 65 to 74 years old
- 75 years or older

2. What is your race?

- Black or African American
- American Indian or Alaskan Native
- Asian or Other Pacific Islander
- More than 1 race
- White or Caucasian
- Other: _____

3. Are you of Hispanic, Latino, or of Spanish origin?

- Yes
- No

4. What is your highest level of education?

- Some high school
- GED
- High school diploma
- Associate degree
- Bachelor's degree
- Master's degree
- Doctoral degree
- Other: _____

5. What is your yearly household income from all sources?

- Less than \$10,000
- Less than \$20,000
- Less than \$35,000
- Less than \$50,000
- Less than \$75,000

- Less than \$100,000
- Less than \$150,000
- Less than \$200,000
- Less than \$250,000
- \$250,000 or more

6. What is your political party?

- Republican
- Democrat
- Libertarian
- Green
- None
- Other: _____

7. What is your religion?

- Protestant
- Evangelical
- Catholic
- Mormon
- Jewish
- Muslim
- Buddhist
- Hindu
- Atheist
- Agnostic
- None
- Other: _____

8. How do you identify yourself?

- Male
- Female
- Non-binary (do not identify as only male or female)
- Other: _____
- Prefer not to answer

Part 2: About your farm

This part has questions about your farm. Fill in your answers or put a check (✓) next to your answer.

9. What is the total size of your farm (in acres)? _____

10. In what county is your farm? _____

11. How many years have you been a farmer? _____

12. How many people work on your farm? (not including you)

- 0
- 1 to 3
- 4 to 6
- 7 to 9
- 10 or more

13. What types of crops or livestock do you raise on your farm? Check all that apply.

- Cattle
- Chicken
- Corn
- Cotton
- Dairy
- Fruit
- Legumes
- Pigs
- Rice
- Sorghum
- Soybean
- Vegetables
- Wheat
- Other: _____

14. Do you sell what you raise on your farm?

- Yes
- No

15. If you do not sell, what happens to what you raise on your farm?

- Keep for personal use
- Give away
- Barter (trade)

16. In the past 10 years, have you and your workers worked less hours on the farm due to extreme weather events (such as heat waves)?

- Yes
- No

17. How often do you use personal protective equipment (PPE) when you farm? Put a check mark (✓) in the table under your answer.

Type of PPE	Never	Rarely	Sometimes	Often	Always
Boots					
Breathing Masks					
Ear plugs					
Gloves					
Hat					
Safety glasses					
Sun protection clothes					
Sunblock					

18. Mark how much you use each of the farming practices in the table below.

Farming practice	Not at all	Very little	Some of the time	Always
Safety equipment				
Shift in plant dates				
Diversify into other crops				
Use of manure and compost				
Use of crop rotation				
Change the time of chemical inputs				
Change amounts of chemical inputs				
Reduce tillage				
Drip irrigation				
Use of cover crop				
Alternative protein sources				
Manage livestock on perennial and annual forages				
Installation of solar panels				
Vertical gardens				
Hydroponics				

Part 3: About your health

This part has questions about your health. Fill in your answers or put a check (✓) next to your answer.

19. How is your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

20. In the past 30 days, how many days were you sick or injured? Write 0 if this does not apply to you.

21. In the past 30 days, how many days did you feel stressed or worried? Write 0 if this does not apply to you.

22. In past 30 days, how many days did you not do your daily activities because you felt sad or stressed? Write 0 if this does not apply to you.

23. Do you have health insurance?

- Yes
- No

24. In the past 12 months, did you not see a doctor when you needed to because you could not afford it?

- Yes
- No

25. How long has it been since your last checkup?

- 1 year
- 2 years
- 3 to 4 years
- 5 or more years

26. In the past 30 days, did you do any physical activity for your health (like run, stretch, hike, or walk)?

- Yes
- No

27. Do you have high blood pressure?

- Yes
- No

28. If so, do you take medicine for your high blood pressure?

- Yes
- No
- Does not apply

29. Do you have high cholesterol?

- Yes
- No

30. If so, do you take medicine for your cholesterol?

- Yes
- No
- Does not apply

31. Have you had any of the health problems in the table below? Put a check (✓) next to your answer.

Health problem	Yes	No	Not sure
Angina (chest pain)			
Cancer (any type)			
Arthritis (pain and swelling in your joints)			
Asthma (trouble breathing)			
COPD (chronic obstructive pulmonary disease)			
Chronic bronchitis (long-term breathing problems)			
Coronary heart disease (heart disease)			
Depressive disorder (depression of any kind)			
Diabetes (high blood sugar)			
Emphysema (lung disease)			
Fibromyalgia (pain all over your body)			
Gout (swollen, red, and stiff joints)			
Heart attack			
Kidney disease (except kidney stones or bladder infections)			
Lupus (your immune system attacks your body)			
Cancer (skin)			
Stroke (loss of blood flow to part of your brain)			

32. When you work on your farm, which symptoms do you get on hot day? Mark all that apply.

- Dizzy

- Headache
- Heavy sweating
- High body temperature
- Irritability
- Nausea (sick to stomach)
- Less urine (pee) than normal
- Thirsty
- Weakness

33. In the last 12 months, how often did you use tobacco products such as cigarettes, vapes, or chewing tobacco?

- Daily or almost daily
- Weekly
- Monthly
- Less than monthly
- Never

34. For men: In the last 12 months, how often did you have 5 or more alcohol drinks in 1 day?

- Daily or almost daily
- Weekly
- Monthly
- Less than monthly
- Never

35. For women: In the last 12 months, how often did you have 4 or more alcohol drinks in 1 day?

- Daily or almost daily
- Weekly
- Monthly
- Less than monthly
- Never

36. In the last 12 months, how often did you take more medicine that your doctor told you to?

- Daily or almost daily
- Weekly
- Monthly
- Less than monthly
- Never

37. In the past 12 months, how often did you take medicine that was not for you?

- Daily or almost daily
- Weekly
- Monthly
- Less than monthly
- Never

38. In the past 12 months, how often did you use illegal drugs such as marijuana, cocaine, heroin, meth, hallucinogens or ecstasy?

- Daily or almost daily
- Weekly
- Monthly
- Less than monthly
- Never

39. In the past 30 days, about how often did you eat the foods from the table below?

Food	Daily or almost daily	Weekly	Monthly	Almost monthly	Never
Beef					
Chicken					
Deer					
Fruit					
Fish					
Green leafy or lettuce salad, with or without vegetables					
Pork					
Shellfish					
Turkey					

39. What kind of water do you drink?

- Tap water
- Bottled water
- Both

Part 4: Our Climate

This section is about our climate. Please read each statement and put a check mark (✓) in the table below next to how much you agree.

40. I believe that...	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
Our climate has changed. It is warmer.					
Weather (rain and temperatures) has changed in recent years.					
Drought, dust, and other unusual weather events are more common in recent years.					
Dry season in recent years comes sooner.					
People are responsible for the changes in our climate.					
Our changing climate will have a negative impact on farming in Arkansas.					
Our changing climate will cause soil to be less fertile.					
Diseases and pests will increase because of our changing climate					
Our changing climate affects how crops grow.					
Our changing climate will affect future generations, but it does not affect the current generation.					
Our changing climate impacts farmers.					
Our changing climate will affect my personal health.					
Our changing climate can put my life in danger.					
If I change my farm practices, I can protect my health from our changing climate.					
I cannot protect myself from harmful impacts of our changing climate.					
I have all the information to prepare for the impacts of our changing climate on my health.					
I can adapt to the risks and problems from our changing climate.					

Thank you for taking our survey and taking the time to provide your information. To receive your \$20 gift card, please click this link [insert link] which will take you to a new page for contact information. We will mail your gift card within 2 weeks of taking the survey.

If you would like to get the results of this study, please email [redacted] to be added to an email list.