

# V4. AR Farmer Health and Our Changing Climate

UAMS researchers [redacted] are conducting a research study to learn about the health of Arkansas small farmers and their beliefs about how the changing climate may affect their health and wellbeing. We are asking small farmers like you to complete a survey to help us capture a snapshot of the small farming community's health. Also, we want to know your opinion about the climate in Arkansas and if you believe it is changing. If so, do you believe these changes are and will affect your individual health. We are also asking questions about your farming practices to learn how these can protect your health from our changing climate. This project is funded by the Southwest Center for Agricultural Health, Injury Prevention and Education.

The survey includes 93 mainly multiple-choice questions and should take about 20 minutes to complete. After completion of the survey, your participation in the study will end. You can take the survey online, on paper, or over the phone with a member of the research team. We are not collecting any information that can identify who you are as this is an anonymous survey. The survey is available in English and Spanish.

We will keep your answers confidential to the extent possible. The UAMS Institutional Review Board (IRB) and other institutional oversight offices may review the information we collect, to make sure we are doing the research correctly. If you complete a paper survey, we will store this in a locked file cabinet, but these will not have any identifying information.

After the survey, you will be provided a link to a separate page to collect your contact information to receive a \$20.00 gift card. You can choose to not provide this information, and this will not affect your participation in the study. The UAMS Treasurers' Office requires survey participants to complete a voucher form with contact information to receive gift cards. This information will not be linked with your survey responses and will be stored separately.

A risk to study participants is the potential for loss of confidentiality of study data and there is a possibility that some participants may experience discomfort when answering some questions. The research team will carefully monitor project procedures to protect the privacy of the participants. Survey responses will be collected and stored in REDCap, a secure database, and the data is completely de-identifiable. In addition, all data will be uploaded and securely stored in a UAMS box.com file. After the project, the data will be retained and later destroyed in accordance with the UAMS institutional policy (7-years after final reporting). This includes survey data.

It's entirely up to you whether or not to join this research study by completing this survey. You can decide not to participate in the study even after you have started the survey. Just tell the interviewer you changed your mind and want to stop OR do not submit the electronic survey to us. Completing this survey will serve as informed consent.

For more information and to sign up to receive the results of the study, please contact Principal Investigator (PI), [redacted]. For any questions regarding your participation or the research being conduct, please contact the PI or Institutional Review Board at [irb@uams.edu](mailto:irb@uams.edu) or 501-686-5667.

---

Are you currently a small farmer in Arkansas?  Yes  No  
(Gross Farm Income under \$250,000)

---


What is your age?  18-24 years old  25-34 years old  35-44 years old  45-54 years old  55-64 years old  65-74 years old  75 years or older

---

What is your race? Check all that apply.  Black or African American  American Indian or Alaskan Native  Asian or Other Pacific Islander  Multiracial  White/Caucasian  Other

---

If other, please type your response.



**PLAIN PAGES**<sup>®</sup>  
making health information simple  
[PlainPages.org](http://PlainPages.org)  
**UAMS**

Grade Level Range: 5<sup>th</sup> - 10<sup>th</sup>  
Grade Level Mean: 8.1  
Level of Difficulty: Average difficulty

---

Are you of Hispanic, Latino, or of Spanish Origin?

- Yes
- No

---

What is your gender?

- Male
- Female
- Non-Binary
- Transgender
- Other

---

If other, please type your response.

---

---

What is your highest level of education?

- Less than a High School Diploma
- GED
- High School Diploma
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Other

---

If other, please type your response.

---

---

What is your estimated annual income?

- 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

---

What is your political party?

- Republican
- Democrat
- Libertarian
- Green
- None
- Other

---

If other, please type your response.

---

---

What is your present religion, if any?

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

---

If other, please type your response.

---

**Farm Characteristics and Practices**

What is the size of your farm altogether in acres?  
\_\_\_\_\_

What county is your farm located in?  
\_\_\_\_\_

How many years have you been farming?  
\_\_\_\_\_

How many employees work on your farm? (excluding yourself)

- None
- 1-3
- 4-6
- 7-10
- 10 or more

What types of crop and livestock do you produce? Check all that apply.

- Corn
- Cotton
- Fruits
- Grain Sorghum
- Legumes
- Rice
- Soybean
- Vegetables
- Wheat
- Cattle
- Swine
- Chicken
- Dairy
- Other

Do you sell what you produce?

- Yes
- No

If no, what happens to what you produce? (Check all that apply)

- Keep for Personal Use
- Give Away
- Barter/Trade

In the past 10 years, I have seen a decrease in the average hours that I or my employees can work daily due to extreme weather (ex: heat waves, droughts, flooding/heavy precipitation).

- Yes
- No

**How often do you use personal protective equipment while farming?**

	Never	Rarely	Sometimes	Often	Always
Ear plugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety Glasses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respirator, Dust Mask	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respirator Shield with Cartridges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SPF Sun Protective Clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sunblock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please rate to what extent you are incorporating the following agricultural practices at your farm?**

	Not At All	Very Little	Somewhat	To A Great Extent
Shifting planting dates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diversifying into other crops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of manure and compost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of crop rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changing timing of chemical inputs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changing amounts of chemical inputs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reducing tillage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drip Irrigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of cover crop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative protein sources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing livestock on perennial and annual forages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Installation of solar panels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vertical gardens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydroponics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Your Overall Health

Would you say that in general your health is \_\_\_\_\_?

- Excellent     Very Good  
 Good     Fair     Poor

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? \_\_\_\_\_

Now thinking about your emotional wellness, which includes stress, anxiety, long periods of sadness, for how many days during the past 30 days was your emotional wellness not good? \_\_\_\_\_

During the past 30 days, for about how many days did poor physical or emotional health keep you from doing your usual activities? \_\_\_\_\_

Do you currently have health insurance?

- Yes     No

Do you have one person or a group of doctors that you think of as your personal health care provider?

- Yes     No

Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

- Yes     No

About how long has it been since you last visited a doctor for a routine checkup?

- Within the past year  
 Within the past 2 years  
 Within the past 5 years  
 5 or more years ago

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, stretching, hiking, or walking for exercise?

- Yes     No

Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- Yes     No

Are you currently taking prescription medicine for your high blood pressure?

- Yes     No

Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?

- Yes     No

Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?

- Yes     No

**Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, select Yes, No, Or You're Not Sure.**

	Yes	No	Don't Know
Heart attack, also called a myocardial infarction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angina or coronary heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you still have asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other types of cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COPD (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depressive disorder (including depression, major depression, dysthymia, or minor depression)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney disease (not including kidney stones or bladder infections)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lupus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fibromyalgia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When working on your farm, have you experienced any of the following symptoms due to exposure to heat (high temperatures)? Check all that apply.

- Headache
- Nausea
- Dizziness
- Weakness
- Irritability
- Thirst
- Heavy sweating
- High body temperature
- Decreased urine output

During the past 12 months, how often have you used tobacco or any other nicotine delivery product (ex: e-cigarette, vaping, chewing tobacco, cigar)

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never

During the past 12 months, how often have you had 5 or more drinks (men) or 4 or more drinks (women) containing alcohol in one day?

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never

---

During the past 12 months, how often have you used any prescription medications just for feeling, more than prescribed or that were not prescribed for you?

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never

---

During the past 12 months, how often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never



**Now think about the foods you ate or drank during the past month including meals and snack.**

	Daily or Almost Daily	Weekly	Monthly	Almost Monthly	Never
Not including juices, how often did you eat fruit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you eat green leafy or lettuce salad, with or without other vegetables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you eat red meat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you eat chicken, turkey, deer and/or pork?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you eat fish and/or shellfish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you drink tap water, bottled water, or both?

- Tap Water
- Bottled Water
- Both

### Rate your level of agreement with each statement

	Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
I believe that our climate is changing and getting warmer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that weather conditions (precipitations and temperature) have changed compared to the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that more drought, dust, and other unusual weather events have occurred in recent years.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that the dry season in recent years comes sooner than in the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe humans are driving the changes we are seeing in our climate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that our changing climate will have a negative impact on agriculture in Arkansas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that our changing climate will cause our soil to be less fertile.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that diseases and pest will increase due to our changing climate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe our changing climate is effecting our ability to grow crops.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe our changing climate will affect future generations and has no effects on the current generation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe farmers are being impacted by our changing climate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe our changing climate will affect my personal health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe our changing climate can endanger my life and livelihood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I believe adapting my farm practices protects my health from the changing climate.

I believe there are serious obstacles and barriers to protecting myself from negative consequences of our changing climate.

I believe I have the necessary information to prepare for the impacts of our changing climate on my health.

I believe I have the ability to to adapt to the possible risks and/or problems posed by our changing climate.