Characteristics and Costs of Disability Pensions in Finnish Agriculture Based on 5-Year Insurance Records. 
The characteristics and costs of disability pensions in Finnish farmers were investigated. The data included a total of 4,088 permanent or temporary disability pensions of the self-employed Finnish farming population over a 5-year period (2008-2012), an annual rate of 1.04 new cases per 100 person-years (males 0.94/100 and females 1.24/100). These cases resulted in the loss of almost 6,800 person-years and 60.2 million Euros in pension costs in the 5-year period. Almost half of the outcomes (44.6%) were primarily related to diseases of the musculoskeletal system (MSDs). Other common outcomes were mental and behavioral disorders (17.5%), injuries (9.8%), diseases of the circulatory system (7.8%), and diseases of the nervous system (6.6%). Relative proportions of these outcomes and their costs were similar with few exceptions. Although farmers have high risk of acute traumatic injuries, they also have a high risk of chronic conditions that affect their work ability. Particularly MSDs were common primary reasons for disability pension among farmers in general and among female farmers in particular. In addition to healthy lifestyle choices, improvements in the working environment and methods to reduce heavy or repetitive manual labor should be emphasized in vocational and extension education of farmers. Modern working conditions with meaningful and varied work tasks could enhance both physical and mental well-being of farmers and thus reinforce and extend their careers.

Agricultural workers have physically demanding occupations. In this study of Saskatchewan farmers, the authors examined (1) self-reported prevalence of physician-diagnosed rheumatoid arthritis and osteoarthritis; and (2) the impact of these chronic arthritides on engagement in physical tasks related to farming. This study was conducted through a cross-sectional analysis of baseline data from the Saskatchewan Farm Injury Cohort Study in which 2,473 adult residents upon 1,216 farms participated. Collected survey data included demographic and health information; regional musculoskeletal symptoms for each participant assessed via the Standard Nordic Questionnaire; and engagement in various specific physical tasks or activities associated with mixed farming practices. Of the 2,473 respondents, 13% reported chronic arthritic diagnoses (10% osteoarthritis, 4% rheumatoid arthritis, with 1% from each category overlapping with both forms of arthritis). Participants reporting arthritis were more likely to also report disabling musculoskeletal symptoms involving their shoulders, elbows, hands, lower back, hips, knees, and ankles. Farmers with arthritis reported less participation in all physical farming activities studied, including various machinery operations, herd maintenance and veterinary activities, overhead work, shoveling/pitchfork work, and lifting/carrying. When adjusted for age, gender, and comorbidities, operation of combines and shoveling/pitchfork work continued to be significantly less engaged in by farmers with arthritis. The overall prevalence of arthritis was consistent with general population prevalence, although the category of rheumatoid arthritis was overrepresented. Farmers with arthritis were significantly less likely to participate in combine operation and shoveling/pitchfork chores compared with their counterparts without arthritis.

Background: Farmworkers who delay treatment after workplace injuries may increase injury severity and experience longer recovery times. To understand why farmworkers delay treatment, we employed a mixed-methods analysis of 393 farmworker injury narratives from the National Agricultural Workers Survey (NAWS).
Methods: First, open-ended injury narratives were coded for attitudes related to injury timing and delay. Next, narratives were compared against demographic survey attributes to assess contextual information and patterns linked to treatment timing.

Results: Four treatment timings were identified: immediate medical treatment (57.9%), delayed medical treatment (18.2%) self-administered treatment (14.9%), and no treatment at all (8.9%). Delay was primarily attributed to attitudes prioritizing work over pain, and when workers were able to work despite injury. However, immediate treatment was sought when workers were completely debilitated and unable to work, when a supervisor was notified, or when exposed to pesticides during injury. Timing choices varied by education, gender and migrant status.

Conclusions: Training on timely treatment, including notification of supervisors, may help reduce treatment delay for farmworkers.