



## **Development of Community Support Strategies for Manitoba Farmers Who Live with a Disability, and Their Families**

### **Final Narrative Report:**

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Community Initiatives and Research Project of the  
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## **i. Acknowledgements**

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## **ii. Executive Summary**

This *Final Narrative Report* provides a summary of many activities and results achieved by the pilot project, titled: *Development of Community Support Strategies for Manitoba Farmers Who Live with a Disability, and Their Families*. The project was coordinated through the Canadian Centre on Disability Studies and ran from December 2006 through August 2007. The report also makes recommendations for future work that is needed in this area.

**Purpose & Objectives** - The project's general aim was to support greater participation of farmers with disabilities in the workforce, daily living, and community life. As well, the project aimed to improve coordination between service providers and empower farmers with disabilities to address their challenges. To achieve these goals, the following objectives were pursued: identify a) barriers and facilitators in return to work for farmers with disabilities; b) the community supports (formal and informal) available and needed, c) the family supports available and needed; and d) develop a resource kit that farm community members can use and further develop.

**Funding** - The project was funded by the Community Research Initiatives Project (CIRP) of the Workers Compensation Board of Manitoba. In-kind support was donated by the Canadian Centre on Disability Studies

(CCDS), faculty with the Department of Occupational Therapy, and several community stakeholder organizations.

**Participatory Action Research Approach** - The project applied a participatory action research (PAR) approach, which involved community stakeholders in every stage of the project. Partnerships between and among researchers and a variety of community stakeholders (farmers, farm family members and service providers) combined the knowledge and resources of the network to help address the issues facing farmers. This approach helped to ensure that project's results were practical and useful, and addressed issues important to farmers and service providers. An Advisory Group, made up of 7 community stakeholders (including WCB) and 4 to 6 researchers/ research assistants, provided the mechanism necessary to apply the PAR approach.

**Implementation** - The project was carried out in two phases: 1) a planning and information gathering phase, when information on existing resources and gaps and barriers in those resources was collected, and 2) a resource development phase, which used the information to develop and test a pilot resource kit for farm community members. The full report briefly describes a series of activities undertaken in each phase.

**Research Methods** - The study was designed as a qualitative study. Community stakeholders (7 Advisory Group members) took part in planning the research, contributed views and information as research participants, shared in decisions regarding the results, and actively disseminated the end products. As well, primary research activities included 3 focus groups and 9 interviews, which involved a total of 17 service providers, 9 farmers and 5 spouses of farmers. Participants either lived or worked in farm communities near one of three towns in south central Manitoba. A standard interview guide was employed to deliver a series of (mostly) open-ended questions. The full report details a three-stage process for the analysis of themes. A literature review and environmental scan provided baseline (background) information. A preliminary resource kit was pilot tested with Advisory Group members and volunteers recruited from the group of primary research participants; 19 individuals provided feedback through an interview process and 7 Advisory Group members gave feedback at meetings.

**Results and Conclusions** - Very little research has been done on farmers with disabilities. The limited research shows a general lack of formal services and a lack of coordination of services available to support farmers with disabilities and their families. There is some lack of awareness of what services are available, both among farmers and their families and among various agencies/ organizations. Service providers may lack information on other available services and community based supports to appropriately refer farmers. There has been a focus on safety and prevention, on injuries resulting in amputations, and on adaptations made by those with such injuries. However, there has been a lack of focus on living and working with a disability and on other types of disabilities, including chronic or degenerative conditions and aging into disability.

The study produced many themes that describe facilitators and barriers to farmers' return to work that were described as operating at three levels 1) the level of the farm family, 2) in the local farming community and regional health jurisdictions, and 3) the level of the province and/or the nation's social, legislative, and economic realities.

Distinct aspects of farm work and culture affect the needs of farmers with disabilities and their families. The distance between rural farms and service centres limits the availability of many supports that are available in urban areas. Many disability supports, which are in short supply even in urban centres of Canada are even scarcer in rural areas. As well, the farm family also serves as the work unit for the business. Thus, spouses of farmers with disabilities carry a greater load of not only providing caregiving and emotional support, but also of carrying extra workloads for the farming business. Children of farmers with a disability may also gain greater responsibility for farm labour. This may increase risks to farm youth, who commonly do work that is not suitable or safe for their age and level of experience. Because of both a real and perceived lack of support and perhaps a culture of privacy and independence in farm communities, farmers, spouses, family members and the community have developed voluntary, reciprocal support systems. Key characteristics of farm populations are the resilience, ingenuity, humour, spiritual faith, positivism and perseverance shown by community members who have adapted to often being "on their own". These key aspects must be attended to in any project designed to support farm communities.

Farm families needed assistance to navigate the healthcare system including mental health services, access information on financial and insurance services, find suitable and affordable adaptive technologies and modified equipment, and access caregiver support. A need was also expressed for peer support, non-stigmatizing and confidential information services, culturally (farm culture) sensitive service, and gender specific supports.

**Communication and Dissemination** - Ongoing communication with and among the Advisory Group served as an important method of information exchange. Community stakeholders have contributed information to the project, gained new knowledge and awareness, and disseminated lessons learned among their networks. Quarterly Advisory Group meetings, regular email communiqués, Project Team Meetings, CCDS bulletin features, websites/web page content, and use of public media were among the methods used to communicate information about the project with community stakeholders and the general public. Resource kits, 150 copies (including PDF, Audio Presentation files, & PowerPoint files)—were mailed to Advisory Group organizations, project participants, relevant government ministries, members of the media, key disability and agricultural organizations, and others. An electronic version (PDF) of the kit was distributed to CCDS members, partners and project participants. Advisory Group members have committed to secondary distribution of the kit, through various methods available to their organization, including website links to a PDF and personal distribution or display of kits at agricultural fairs, meetings, local service agencies, and conferences. A formal launch of the resource kit will be held in late fall or winter, in order to time its release during a major agricultural event (Brandon Ag Days - January 16-18).

**Project Evaluation** - Pilot testing found that the resource kit met its goals. Each section of the kit was rated as being useful for the intended audiences. The resource listing and suggested strategies sections were especially well rated. The kit was found to be readable, comprehensive, and flow quite well. In response to suggestions, numerous edits were made to improve readability, accuracy, appearance, the amount of preventive content, and the organization of the resource listing. Not all feedback could be addressed within the duration of this project. Participants also called for a) more content to address the needs of farm women, children, family members and caregivers, b) broader testing and kit

development to account for diversity among Manitoba farmers, c) communications products tailored to key audiences, d) a prioritized arrangement of resource lists, e) the addition of case studies/stories, and f) a comprehensive advertising campaign.

The final project evaluation concluded that the project met its stated objectives. Project processes and approaches (e.g. application of PAR and communications) were highly rated by the Advisory Group members. Respondents reported several benefits of their participation for their organizations. The project improved networking among service providers, improved awareness of the issues facing farmers with disabilities and their families, consolidated information about existing resources, clarified issues of barriers or gaps in resources, and stimulated interest in further cooperation and 'spin off' projects.



## I. Introduction

This Final Narrative Report provides a summary of activities undertaken and results achieved during the course of a pilot project titled: *Development of Community Support Strategies for Manitoba Farmers Who Live with a Disability, and Their Families*, from December 2006 through August 2007. The report completes a three-stage process of progress reports to the project's funder, and provides an opportunity to share a comprehensive report on the project with all project stakeholders and participants.

Readers interested in the resource kit developed from this project are referred to the *Healthy Farmers, Healthy Communities Resource Kit: Facing Challenges of Injury, Illness, Disability and Aging*, which is available on the following websites:

[www.fwdmanitoba.com](http://www.fwdmanitoba.com) and [www.disabilitystudies.ca](http://www.disabilitystudies.ca).

## II. Project Overview

### Purpose of the Project

The overall purpose of this project was to develop a practical resource kit that could be used and further developed by farm community stakeholders—that is, farmers with disabilities<sup>1</sup>, farm family members, and various organizations that support farmers or persons with disabilities. Through research, networking, and resource development, the project would work to support greater participation of farmers with disabilities in the workforce and in their communities, greater coordination between service providers, and empowerment of farmers with disabilities.

### Objectives

The specific objectives of this project were to:

- identify barriers and facilitators in return to work for farmers with disabilities;

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<sup>1</sup> A cross-disability perspective was taken. Disabilities resulting from an injury, chronic or degenerative illnesses, or aging processes were included.

- identify the community supports (formal and informal) available and needed by farmers who experience a disability,
- identify the family supports needed for farmers who experience a disability; and
- develop a pilot community support strategy resource kit.

## **Funding**

The project was primarily supported by funding from the Community Research Initiatives Project (CIRP) of the Workers Compensation Board of Manitoba. In-kind contributions were made by the Canadian Centre on Disability Studies. As well, faculty from the University of Manitoba's Department of Occupational Therapy and representatives of several community stakeholder organizations donated time to the project. It is noteworthy that, although the project originally budgeted for honouraria to support the work of community stakeholders on an Advisory Group, these organizations opted to rather re-invest the funds in the project and provide their time as in-kind support. A detailed financial report is included in Appendix A.

## **Timeline**

The project began in December 2006 and was completed in August 2007. Although initially proposed as a two-year project, funding constraints required that the project's objectives be met within one year. The project plan was revised to accommodate the new timeline. Having demonstrated progress and preliminary results, and in recognition of both unexpected achievements and challenges, the project was granted an extension to August 2007.

## **III. Project Implementation**

The following section provides a general description of the approaches, major activities, resources and processes that were employed to achieve the goal and objectives of the project.

## **Participatory Action Research (PAR) Approach**

Consistent with the vision and values of CCDS and its partner organizations, this project was conducted as a participatory action research project. This approach to project and research design strives to:

- build balanced partnerships between/among researchers and community stakeholders (including government, non-profit organizations, service agencies, and others);
- actively engage community partners throughout the project (e.g. from proposal development, through implementation, to dissemination); and
- utilize the knowledge and resources of all partners; and
- bring about change to addresses community defined needs.

The approach has been successfully applied by CCDS in many past projects, and was seen as particularly appropriate to the current project. That is, practical solutions and strategies for farmers with disabilities could only be developed through a process that applied the knowledge and lived experience of farm community members, service providers/managers, disability community members, and other researchers.

Thus, the approach was intended to help ensure that project results, particularly the resource kit, would meet the needs of stakeholders who will ultimately make use of these resources, and distribute them among their colleagues, family members, and/or clientele.

## **Advisory Group**

The main mechanism for achieving stakeholder participation was a community-based Advisory Group. The Advisory Group was comprised of 7 community stakeholders (including WCB), as well as 4 to 6 researchers/research assistants. These individuals brought diverse experience and knowledge to the table, and often carried more than one professional or personal role that was relevant to the project. The group included agricultural producers, farmers and non-farmers living with a disability, farm family members, farm caregiver/s, occupational therapists, service providers in the disability and mental health fields, farm health and safety professionals, disability studies researchers, community health researchers, and social policy researchers, among others. (See a full list of Advisory Group members in Appendix B)

Community stakeholders were contacted prior to the grant application and confirmed their involvement in the Advisory Group, following approval of the funding. They agreed to participate by providing information and advice to the research team on the project design, promoting inter-agency communication and linkages, giving ongoing feedback on the process and expected outcomes of the research project, and providing contacts for potential participants.

Advisory Group members actively participated in every stage of the project, were involved in collective decision making, and had many opportunities for input on the project, its products and processes. Members participated in quarterly meetings and were provided with regular communiqués and progress reports, which helped them to participate in an informed and meaningful way. The community stakeholders also had the opportunity to contribute to the project as participants in primary research and as reviewers in the pilot testing processes. All Advisory Group members participated in project evaluation exercises.

### **Project Research Team**

The project research team consisted of four core members that included the principal investigators and co-investigators including the research coordinator, as well as research assistants during their term of work with the project. (See Appendix B for a list of members.)

The project research team held collective responsibility for the overall implementation of the project (including research design, data collection, analysis, resource kit development, and dissemination of findings), while the coordinator held responsibility for its day-to-day implementation.

Research team members participated in the project's Advisory Group, where they sought recommendations and feedback from the community members. The team members also liaised with other project participants and community partners.

### **Outline of Project Activities**

The project was carried out in two phases, each involving several steps and activities, which account for how the project met its goals and objectives. The research methods section of the report provides greater

detail on how research activities were conducted. As well, further details of communications and dissemination activities, project evaluation work and sustainability planning are provided in other sections.

**Phase One** was a planning and information gathering stage, focused on developing a network of project participants and on gathering necessary background information. The information was analysed to assess the impact of disability on farmers and their families, to identify relevant supports and services available to them, and to identify barriers and gaps in these supports.

- Step 1** Completed planning and developmental tasks, including:
- a) engaging Advisory Group organizations/representatives,
  - b) defining roles of the Advisory Group and Researchers, and
  - c) finalizing a project work plan, with Advisory Group input.
- Step 2** Conducted background (baseline) research, which included:
- a) conducting a literature review,
  - b) performing an environmental scan, and
  - c) gathering Advisory Group information.
- Step 3** Conducted primary research activities, including:
- a) developing interview guides (questions),
  - b) obtaining ethics board approval,
  - c) engaging research participants,
  - d) carrying out interviews and focus groups, and
  - e) consulting with the Advisory Group.
- Step 4** Analysed results of background and primary research, which involved:
- a) summarizing and comparing themes from all data sources,
  - b) developing an ecological model of facilitators and barriers, and
  - c) reporting to and gather input from Advisory Group.
- Step 5** Other preliminary reporting/dissemination activities including:
- a) preparing progress reports to the funder,
  - b) producing website information on the project (CCDS and Manitoba Farmers with Disabilities websites), and
  - c) reporting on project activities to print and radio media.

**Phase Two** focused on the production of a resource kit intended for farm community members, though particularly to service providers (e.g. health services, agricultural services, financial services, disability or disease specific services) farmers, and farm family members.

**Step 6** Planned the scope and basic content of a master document, with Advisory Group input.

**Step 7** Drafted preliminary kit contents, based on:  
a) themes drawn from research findings,  
b) quotes from research participants,  
c) Advisory Group input,  
d) Environmental Scan contents.

**Step 8** Prepared a preliminary layout and design.

**Step 9** Pilot tested the resource kit, which included:  
a) consulting with a plain language editor,  
b) gathering input at meetings with the Advisory Group and research team,  
c) conducting individual interviews with community reviewers, and  
d) developing a questionnaire (print and online) to collect ongoing feedback.

**Step 10** Produced a final resource kit, including  
a) revising/completing kit contents, layout, and design  
b) producing a final print copy of the resource kit  
c) producing a CD-Rom containing a PDF file and audio-visual presentation.

**Step 11** Conducted a final project evaluation  
a) reviewing lessons learned from pilot testing,  
b) gathering input from ongoing Advisory Group feedback  
c) conducting an online survey with Advisory Group and research team members,  
d) holding a meeting of Advisory Group and research team members to discuss survey results, other feedback, and sustainability planning.

- Step 12** Completed final dissemination/reporting, including
- a) preparing a final report on project results for all participants
  - b) distributing the resource kit, and
  - c) completing website materials, reflecting project results.

## **IV. Research Methods**

### **Research Design**

The study was designed as a qualitative study using a participatory action research (PAR) approach that involved an Advisory Group of stakeholder participants (see Project Implementation section). The primary research activities included focus groups and interviews with farmers and service providers in three designated communities within the jurisdiction of the Central Regional Health Authority, located in southern Manitoba. As well, Advisory Group members provided continual input on research questions, which provided an added data source.

The research design also incorporated secondary research methods for the purpose of gathering baseline (background) information on key issues and current facilitators and barriers for farmers with disabilities. These methods consisted of a literature review and an environmental scan. (See Appendix C, Appendix D)

The study also included the development of a resource kit based on results of the analysis of all data sources. The preliminary resource kit was pilot tested with Advisory Group members and volunteer reviewers from the study area.

### **Research Participants**

The study sought to recruit as participants:

- a) farmers with disabilities (including those who farm with a disability and those who either perform other work or who have retired from farming),
- b) family members/spouses of farmers with disabilities, or

c) individuals who provide services to farmers with disabilities.

Researchers attempted to gain cross-disability representation among farmer participants (e.g. farmers with limb amputations, chronic disease, degenerative conditions) and to engage service providers from a variety of sectors.

Research participants were recruited through Advisory Group members who contacted individuals associated with their organizations. Participants included people who expressed interest in the study, agreed to be contacted by a member of the research team, and lived within a designated study community or provided services in a study community. Other potential participants were referred using the “snowball” method (i.e. one participant or contact informed another potential participant of the study and gave them the information to contact the research team). Flyers, notices in local newsletters or newspapers, radio announcements, and other relevant media were also used to recruit participants. At the time of initial contact by telephone, the r explained the purpose of the study project and informed potential participants that they would be asked to read and sign an information consent form (ICF).

## **Data Collection**

### **Procedures for gathering background (baseline) data**

An environmental scan was conducted as part of a contextual analysis to determine issues, trends, and gaps in the community/disability supports in Manitoba, especially for farmers with disabilities. The environmental scan mainly utilized online resources, including program and resource descriptions on websites of service providers and other relevant community organizations.

A literature review was conducted, which involved a review of twelve electronic databases for peer-reviewed, academic articles. Websites, web pages and other relevant electronic information was also examined. The search included articles published in English, from 1992 to 2006.

### **Procedures for gathering primary data**

Three focus groups were conducted, one with farmers (n=3), and two with service providers (n=17). Interviews were conducted with nine farmers, five with the spouse present, and two where the spouse responded to the



majority of questions. All interview and focus group participants lived or worked in the study communities.

An interview guide was used for both the farmer and service provider focus groups and individual interviews (See Appendix E). The guide included open-ended questions about the farm operation, what was helpful or unhelpful in the rehabilitation and return-to-work process (if applicable), what services were available to them now in farming with a disability, what were the gaps or needs in services, and what services would now be helpful to farmers who continued to be active in their farm operation.

## **Analysis**

All interviews and discussions from the focus groups and interviews were recorded and transcribed verbatim. Interview participants were mailed transcripts and focus group participants were mailed summaries to review for accuracy and completeness.

In the **first stage of analysis**, a standardized template was developed to record findings from each interview or focus group transcript. Transcripts were analyzed by project team members for specific ‘first-order’ themes and more general ‘second-order’ themes relating to a) facilitators for return to work/farming b) gaps/barriers/challenges, and c) resource kit suggestions/input. Validation of themes was achieved through triangulation whereby each transcript was analyzed by a second project team member, and consensus was achieved among the project team through an iterative and discussion process.

In the **second stage of analysis**, specific themes derived from the interviews and focus groups were compared against themes derived from the literature review, environmental scan, and Advisory Group meetings. This procedure provided triangulation of data that added to the validity of themes, demonstrating the strength of particular themes.

In the **final stage of analysis**, themes were organized into an ecological conceptual diagram that depicted the barriers and facilitators for return to work (i.e. farming) in the micro-system of the farm family, the meso-system of the local farming community and regional health jurisdictions, and the macro-system of the province and/or nation’s social, legislative, and economic realities.

## **Procedures for Development of the Resource Kit**

Themes arising from the analysis of all data sources were used to develop preliminary content of a pilot resource kit titled: *Healthy Farmers, Healthy Communities Resource Kit: Facing Challenges of Injury, Illness, Disability, and Aging*. A comprehensive plan for the resource kit was developed with the combined efforts of the Project Research Team and the Advisory Group. Through extensive discussion and an iterative process of reviewing drafts of the kit, a final consensus was achieved on the contents, format, and suggested design elements. The Literacy Partners of Manitoba were involved in evaluating and editing the resource kit for plain language and readability.

## **V. Research Results & Outputs**

### **Profile of Research Participants**

#### **Farmers**

Twelve farmers living in the Central Regional Health Authority of Manitoba were interviewed in the spring of 2006. Three farmers participated in a focus group, eight farmers were interviewed individually in their homes and one farmer was interviewed in the CCDS office. Five of the interviews conducted in farm homes included both husband and wife. In two of those interviews, the farmer's spouse was the primary spokesperson for the family.

Disability occurred as a result of injury for nine or 75% of participants; five of the injuries were farm-related. In addition, one farmer experienced a farm-related injury subsequent to a non-farm related injury. Participant farmers ranged in age from 47 –75 years, with their average (mean) age being 61. On average, they had farmed for 36 years, with the years of experience as a producer ranging from 26-50 years, including years farming with and without a disability. Four participants (34%) reported post-secondary education; the majority had not completed high school (58% had completed some or all of grades 1-11). Six participants indicated that they were still farming. Of the six who were not farming at the time of data collection, three indicated that disability was the reason they were not farming.

## **Service providers**

Seventeen service providers participated in one of two focus groups. Participants included representatives from a wide range of agencies and organizations, including agricultural representatives, health professionals, consumer and disability-specific groups, seniors' groups, a hospital and public health representative, insurance and financial representatives, and pastoral care workers.

## **Themes Resulting from Data Analysis**

### **Themes on facilitators for return to work at micro-system level**

Farmers expressed that they drew on their personal resources and attributed their successes to positive personal attitudes towards recovery and determination to continue farming. They cited attributes such as a sense of humour, perseverance, ability to adapt, their personal faith, and the emotional and practical support of spouses, children, and other family members. Farmers, as entrepreneurs and self-employed managers, reported that they have many coping skills, and often make adjustments to their operation and their equipment to incorporate a new or emerging reality of disability or aging. They rely heavily on spouses whose roles expand to include many new farm management and work tasks, as well as caregiving of the injured or ill farmer. Farm family members' roles also often shift and their labour contributions may be critical to enabling a farmer with a disability to continue farming. Obtaining hired help may also be important to maintain the farm operation, though farmers expressed that they faced many challenges in finding suitable help.

### **Themes on facilitators for return to work at the meso-system level**

The farm community and farming culture values a volunteer labour response to farm family crises. The church may be a major facilitator of this work, as are farm women, and "natural" community leaders. Help from local farmers and neighbours was seen as part of the natural exchange of the farm community – "I get the neighbour to help me...but I help him out too." Participants acknowledged that changes in farm economy and demographics are threats to this traditional system of informal support.

Rural service providers have good awareness of farm culture and issues and expressed interest in expanding their knowledge of available support services, such as the Manitoba Farmers with Disabilities. Agricultural

representatives from Manitoba Agriculture Food and Rural Initiatives were frequently able to provide the farm family with information about the farm operation. The farmers' insurance carrier provided some financial assistance during the period of recovery and rehabilitation.

Farmers were able to obtain information and advice about technological aids or special devices from health service providers, consumer agencies (eg. Manitoba Farmers with Disabilities), or other agency service providers. They were often able to obtain a prosthetic limb, as well as other technology aids and adaptations through specialized health care services providers at the Health Sciences Centre in Winnipeg. Specialty health and therapy services were available in Winnipeg; local therapy services were available only on a limited basis. Occasionally other services such as in-home care were available in the rural area.

Manitoba Farmers with Disabilities is one organization that has tried to address a gap in supports and coordinated services. However, they have limited resources and are unable to address all the needs that are present among families who contact them. Other disability-specific organizations provide valued service, but again, awareness is not strong, and farmers are often under-served in light of geographic barriers.

### **Themes on facilitators for return to work at the macro-system level**

Although little mention was made of facilitators at the macro-system level, it became clear that some facilitators would “extend” to the macro-level. For example, a number of participants mentioned that they received (or tried to obtain) financial support from the Canada Disability Pension Plan, a national plan. This was categorized as a macro-system facilitator when it was available to farmers and as a barrier when it was not available to farmers, when it was difficult to obtain information, or when farmers experienced delays in accessing the service.

### **Themes on barriers to return to work at the micro-system level**

Farmers referred to their sense of independence and determination as positive attributes that helped them to adapt to a disability. Further analysis of these attributes led the researchers to posit that a “culture of privacy” and “independence” within the farm family and the farm community might result in a reluctance to ask for assistance or to admit that they needed help. This culture of privacy combined with a [continued] societal stigmatization of mental illness may have contributed to farmers' reluctance

to ask for emotional support or professional help from mental health services.

Family members who did not live on the farm had their own jobs and responsibilities and were limited for the amount and type of assistance they could offer.

### **Themes on barriers to return to work at the meso-system level**

Limited access to health services, especially rehabilitation and therapy services, in rural areas was acknowledged by service providers and by farm families. Service providers acknowledged that they sometimes were unaware of appropriate services or supports for farm families who lived with disabilities. Farmers indicated that service providers did not often encourage farmers to continue or to return to farming, presumably because they did not understand the farming demands nor the potential adaptations open to the farm family.

Participants pointed out the gaps in communication among service providers, both within the region as well as between urban and rural providers. Service providers indicated that urban and rural health services were not well coordinated. Farmers spoke negatively of the subsequent lack of coordinated treatment and mis-communication that often resulted from the lack of coordination and communication. Consumer organizations provide valued service, but are limited in the scope and level of supports they are able to provide.

Shortened hospital stays for acute illness or injury have placed greater burdens on farmers' caregivers and families. Treatment in urban hospitals entailed hidden costs such as travel, accommodation, or equipment rental.

Participants, especially farm families, spoke of the limited financial support and the difficulty in obtaining such support from insurance companies or long-term disability insurance carriers.

### **Themes on barriers to return to work at the macro-system level**

Farmers expressed that it was often difficult to hire knowledgeable or trained farm workers, and suggested it might be related to Canada's immigration policies that limited entry of workers who would [otherwise] be available. Also at the macro-level, a few participants commented on the changing demographics and changing economy that resulted in lower

numbers of family-operated farms and increased average age of farmers. Farm families who lived with disability also expressed their frustration with the national pension plan and disability plan (CPP and CPPD) and the limited scope of the Employment Insurance coverage for farm family members.

### **Suggestions for Addressing Gaps in Services**

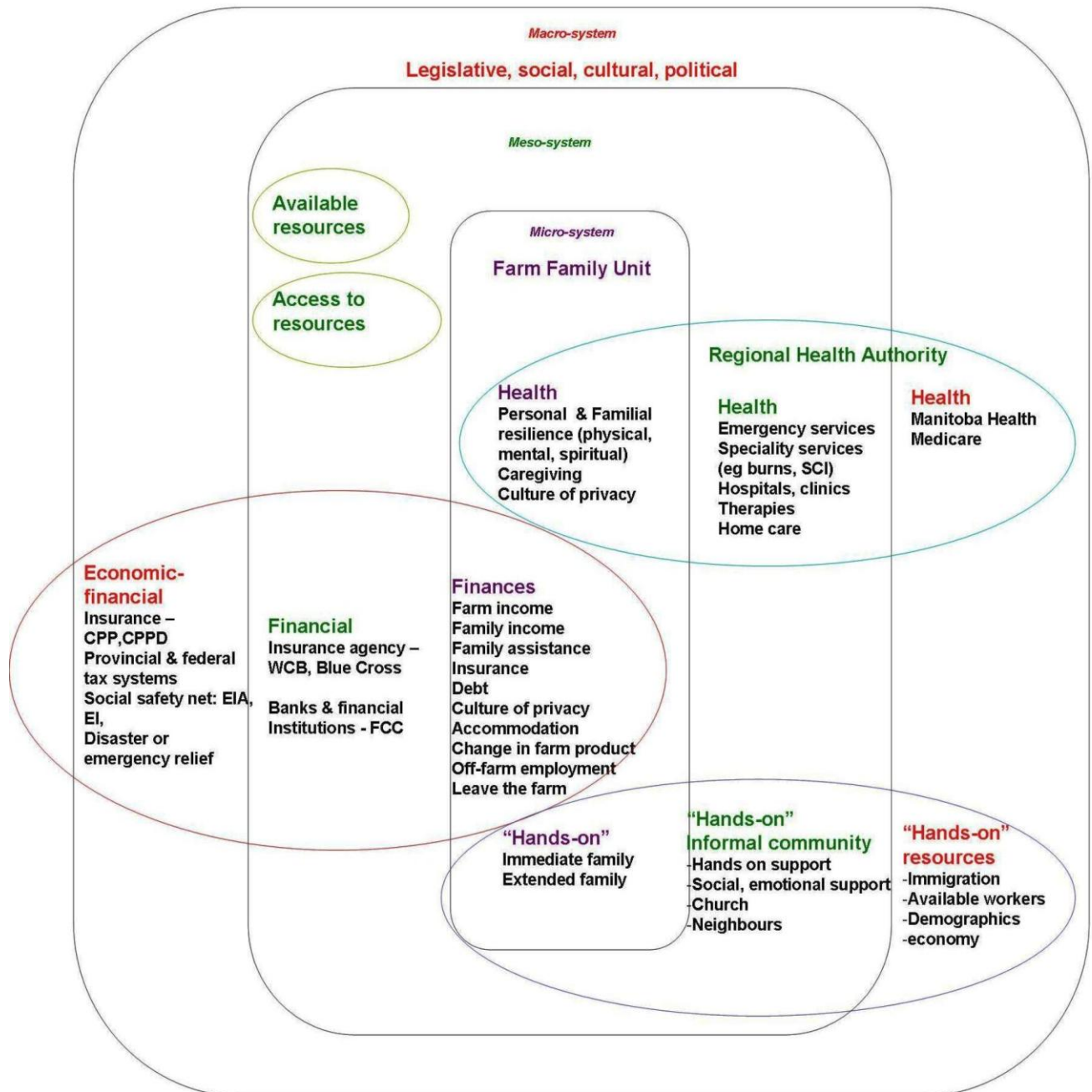
Both farmers and service provider participants indicated that farm families needed assistance to navigate the healthcare system including mental health services, access information on financial and insurance services, find suitable and affordable adaptive technologies and modified equipment, and access caregiver support. A need was also expressed for peer support, non-stigmatizing and confidential information services, culturally (farm culture) sensitive service, and gender specific supports.

### **Summary of Themes**

This study identified barriers and facilitators in return to work for farmers with disabilities (see Figure 1). As shown in the conceptual diagram, the factors identified are considered to be facilitators when the resources (services) are available and accessible to farm families. On the other hand, when resources are limited and access is difficult or un-attainable, the listed factors are perceived as barriers to return-to-work for farmers who acquire a disabling health condition. Community supports, both formal and informal, are also identified as barriers and/or facilitators in the diagram. Family supports are invariably represented as positive, unless family is geographically removed or otherwise unable to offer practical or emotional support.

Figure 1.

## Facilitators and Barriers in Return-to-work for Farmers with Disability



## **Conclusions**

Very little research has been done on farmers with disabilities. This research showed a general lack of formal services and a lack of coordination of services available to support farmers with disabilities and their families. When services are available, there is some lack of awareness of what is available among farmers and their families, and among various agencies/organizations that lack information on other available services to appropriately refer farmers. There has been a focus on safety and prevention, on injuries resulting in amputations, and on adaptations made by those with such injuries. However, there has been a lack of focus on living and working with a disability and on other types of disabilities, including chronic or degenerative conditions and aging into disability. In fact, there has been little recognition in existing programs, policies and services of seniors who are farming. A trend of aging farm populations and a high average age among farm producers compared to other industries increases the need for relevant policy and programming.

Distinct aspects of farm work and culture affect the needs of farmers with disabilities and their families. The distance between rural farms and service centres limits the availability of many supports that are available in urban areas. Many disability supports, which are in short supply even in urban centres of Canada, (e.g. supportive transportation, accessible housing, home renovation programs) are even scarcer in rural areas. As well, the farm family also serves as the work unit for the business. Thus, spouses of farmers with disabilities carry a greater load of not only providing caregiving and emotional support, but also of carrying extra workloads for the farming business. Children of farmers with a disability may also gain greater responsibility for farm labour. This may increase risks to farm youth, who commonly do work that is not suitable or safe for their age and level of experience.

Because of both a real and perceived lack of support and perhaps a culture of privacy and independence in farm communities, farmers, spouses, family members and the community have developed voluntary, reciprocal support systems. Key characteristics of farm populations are the resilience, ingenuity, humour, spiritual faith, positivism and perseverance shown by community members who have adapted to often being “on their own”. These key aspects must be attended to in any project designed to support farm communities.



## **Limitations of the Study**

The major limitation of the study is that it was geographically limited to south-central Manitoba and may represent a limited range in the type of agricultural producer, the cultural characteristics of the community, and the regional health and social services.

## **Resource Kit**

The *Healthy Farmers, Healthy Communities Resource Kit: Facing Challenges of Injury, Illness, Disability and Aging* was developed from the findings of the study, and refined through pilot testing in the study communities (see Project Evaluation section). The resource kit, though quite comprehensive, only begins to address the issues and resource needs of farmers with disabilities and their families.

The key objectives of the kit were:

- To offer disabled farmers and their families information about practices and services that help in daily life and the return to work;
- To help service providers better understand the needs of farm families and better coordinate services to them; and
- To build awareness among other community members of their role in making farm life safe and healthy.

The kit provided cross-disability and generalized content to farm community members, as well as content suitable for farmers, service providers, and farm family members. It stands as basic material that may subsequently be tailored to specific sub-groups.

The Project Research Team and Advisory Group have collaborated to apply for additional funding for projects that will further develop and test the resource kit, expand dissemination, and implement an extensive evaluation of the resource kit in Manitoba, Saskatchewan, and other regions in Canada.

## **VI. Project Evaluation**

The final project evaluation provided an opportunity to record project achievements, learn about factors that contributed to achievements, and to make recommendations for the future.

### **Evaluation Methods**

Project evaluation methods consisted of:

- pilot testing interviews, involving farmers, service providers and Advisory Group members;
- an anonymous online survey of Advisory Group and Project Team members; and
- a group discussion of survey results and other feedback, involving Advisory Group and Project Team members.

Pilot testing of the resource kit involved a qualitative review of structured interviews with farmers, service providers and Advisory Group members. Thirteen interviews were conducted, which gathered input from 19 reviewers. (See Appendix F)

The survey gathered input from 10 Advisory Group and Research Team members. It focussed on an evaluation of outcomes relative to the project's stated objectives; an evaluation of the effectiveness of processes applied; and recommendations (see Appendix G). The group discussion of survey results served to allow members to debrief, relay stories, and discuss future plans and commitments.

### **Pilot Testing Results & Recommendations**

Pilot testing participants clearly found that the resource kit met its goals. Each section of the kit was rated as being useful for the intended audiences. The resource listing and suggested strategies sections were especially well rated. The kit was found to be both readable and comprehensive. Information flowed well, though one suggestion was made to organize and title segments to better build on previous sections. The kit's appearance was given the lowest rating, which is understandable given that the kit was in a preliminary stage of layout and design at the time of

testing. Many suggestions were offered for distribution of the kit. A common conclusion was that a limited distribution of the kit supported by advertising on where to obtain a copy of the kit, in either hard copy or an electronic format, would be an economical and effective approach to dissemination.

### **Summarized Ratings of Kit Qualities or Elements**

Responses to questions which asked respondents to rate kit qualities or elements using a 10-point rating system (where 1 is the poorest rating and 10 is the best rating) are summarized as follows. See Appendix H for detailed summaries of themes derived from the responses to each question.

Amount of information	Mean: 8.0, Range: 6-10
Organization of information	Mean: 8.3, Range: 6-10
Appearance	Mean: 7.7, Range: 6-10
Readability	Mean: 8.8, Range: 7-10
Useful information:	
• Myths & Facts	Mean: 7.3, Range: 5-10
• Challenges Section	Mean: 7.8, Range: 6-9
• Suggestions for Strategies	Mean: 8.2, Range: 6-10
• Resource List	Mean: 8.5, Range: 6-10

### **Distribution suggestions:**

- Development of an online, e-copy is most cost effective
- Perform a limited mail out
- Launch with newspapers, posters, brochures
- Distribute to key service providers, including: Manitoba Farmers with Disabilities, rehabilitation therapist, chiropractors, and homecare workers
- Carry out passive distribution through Ag (MAFRI) offices and doctors' offices

### **Revisions made in follow-up to pilot testing:**

- Numerous edits were made to improve the readability of the text and to correct minor errors.
- Several photos of farmers and persons with disability, depicting positive images, were added.
- A full re-design of the kit's cover was completed.

- Appropriate emphasis for selected material (e.g. farmers' quotes and 'facts') was added with changes to layout.
- 'Safe Farms' branding was added, to reinforce the message of prevention.
- Additional prevention messages were added, from the 'Safe Farms' perspective.
- Clarification was made that resources listed in the kit were only examples, not an exhaustive list of resources available, nor intended as a referral list.
- Resource listing was reorganized to allow for easier retrieval of information.
- A brief, tear-away evaluation form was added to allow for ongoing feedback on the resource kit.

### **Recommendations for further revisions (next stage of project):**

- More content to address the needs of women, children, family members, and caregivers.
- Increased provincial/national applicability - better reflect geographic variations in service availability, types of farm production and farming conditions/issues.
- Tailor formats and editing for key target groups (e.g. add male tone; short brochure for farmers and family members; training module for service providers).
- Reorganize resource listing by level of priority (i.e. preparatory, emergency, early rehabilitation, and longer-term rehabilitation contacts).
- Addition of personal stories (e.g. those already collected by stakeholder organizations).
- Conduct a comprehensive advertising campaign, with distribution of media releases, posters, brochures to audiences to download the PDF version of the kit and visit the website for other resources.

### **Evaluation Survey Results (Outcomes & Processes)**

Results of the survey of Advisory Group members and Project Team members, as well as the follow-up discussion, are summarized in this section. Quotes from respondents add meaning and richness to evaluation results.

## **Achievement of Objectives and Deliverables**

Nearly all (9 of 10) respondents felt that the project succeeded in *identifying barriers and facilitators* that affect the ability of farmers with a disability to return to work.

*I think we achieved a good overview of the barriers and facilitators for return to work but I am not sure that we achieved 'saturation'--that is, we may have gotten more and different information if we had interviewed more farmers or farm families.*

All respondents (10 of 10) felt that the project also succeeded in *identifying community supports* (formal and informal) and *supports for farm families* that are available and lacking in farm communities.

*I think we could have possibly done more related to family.*

*The environmental scan was quite comprehensive*

*We have to understand that 'services available' and 'gaps' are not static and we learn as we use those services and facing new gaps.*

Again, all respondents were satisfied that the project achieved the production of a pilot community support strategy *resource kit*.

*We focused on one Region and it would be valuable to have input from the other Regions of Manitoba to expand on this kit with resources specific to each region.*

All or nearly all respondents felt that the resource kit would add *something new* to existing resources and be *useful for target groups*. Less assurance was expressed in response to the question on whether the kit could have *lasting value*,

*I feel the resource kit brings a lot of good information together into one resource. However, it is always hard to predict if people are actually going to make use of a "good thing".*

*In order for it to have lasting value it will need to connect people to a link that can act as a portal or single point of entry to information that*

*will serve to eliminate some of the frustrations people can have be having to call a number of organizations to get an answer to all of their questions.*

*A plan to continuously update the information will be important to lasting usefulness.*

Asked to rate the *quality of several project deliverables* (literature review, environmental scan, website material, and reports) most respondents expressed satisfaction, though reports and the environmental scan were rated best and website materials were most often seen as needing improvement. (Notably, the website materials were not complete at the time of the evaluation).

### **Effective Implementation and Processes**

Overwhelmingly, respondents felt that the project remained relevant to its target populations throughout the course of the project.

*There was continued interest among the farmers and service providers who participated in the project.*

Most stages of implementation (developmental work, background research, data collection, analysis, kit development, pilot testing, reporting/dissemination) were thought to have been well implemented. However, respondents were uncertain how to reply in regards to ‘reporting and dissemination’, as it was incomplete at the time of the evaluation. Also, kit development and pilot testing each was felt by one respondent to lack effectiveness, due to delays in conducting the work.

*Timing was off regarding the kit development and pilot testing. These steps were done later than in the project plan. As a result not enough pilot testing was completed.*

*Time constraints seemed great, maybe partly due to the original proposal having been developed for a two-year project and reduced to one year (then extended to 1.5).*

*They were very prompt in keeping our organization up-to-date with the progress of the project.*

Respondents were unanimous in feeling that relevant stakeholders were engaged in the project. Two recommendations were made for additional member organizations, including three mentions of *Keystone Agricultural Producers*, and one mention of the *Rehabilitation Engineering Department at the Health Sciences Centre*.

Respondents also overwhelmingly expressed favour with the participatory processes applied in the project. Notably, 7 of 9 respondents reported having prior experience with participatory action research processes. Very constructive comments were shared about processes applied:

*It was a very smooth process with lots of opportunity for participation.*

*I always felt aware of current progress.*

*Communication was good.*

The value of participatory action research was well recognized by respondents.

*You feel like your contributions are a part of the projects end product and everyone had an equal voice which was respected by the Chair. The end result is a product that all stakeholders can promote to their membership/community.*

*An important benefit is the increased possibility of the research being used in the community. Moving from information to action is a momentous step that is made more achievable by a PAR approach.*

*I learned a lot from the process and especially appreciated having farmers and service providers in the same group.*

Respondents reported beneficial results of partnerships through their participation in the project.

*Provided visibility for our organization and networking opportunities.*

*ILRC has come forward with an increased interest in serving the agricultural community.*

*There were a number of important and valuable networks established - between researchers and community leaders, and also between providers and farmers and providers and researchers.*

However, cautions were given by some respondents, who felt sustainability of networks is not ensured, but needs continued support.

*Continuation of this initiative is needed to ensure sustainability of network and dissemination of lessons and use of tool kit*

*...more personal interaction is needed... The point is that producing a resource kit doesn't solve all the problems. Personal support and interaction cannot be neglected.*

Respondents acknowledged that the project contributed to action and practical applications for research and knowledge, particularly through the development of the resource kit.

*Yes, through the creation of the tool kit which provides resources and links to information that can support farmers with disabilities.*

Several of the reported 'lessons learned' through the project expressed similar thoughts that are found in the following quote.

I became more aware of the distinct challenges faced by farmers, and the great extent to which they have worked independently, or as a community to help themselves. There are many gaps in formal systems for farmers. I've learned how the distinct 'farming way of life' is critically important to how information is communicated and delivered to farmers, so that it reaches them and is used. The kit has come part way in applying what we learned, but there is more to do to bring this information to farmers doors and kitchen tables. (e.g. use of Coffee Time news, table tents at coffee shops, church bulletins, radio, Ag events).

Also common, were comments on the rewards of Advisory Group work and processes.



I learned something from each participant regarding their expertise. I feel I broadened my own overall knowledge of the farm community through their comments and insights.

Being an active member on the advisory board has been a rewarding experience for our organization. The benefits have been a great help in supporting our efforts in farm safety.

Processes - the advisory group process was incredibly rich in discussing many issues related to farming, to disability, to information collection and dissemination.

## **Recommendations**

### **Next Steps & Priorities -**

1. Develop targeted materials for communication (pamphlets, materials for coffee shops) and advertise the tool kit through appropriate meetings/conferences in Manitoba.
2. Develop funding proposals to further test the tool kit in other parts of Manitoba, other parts of Canada.
3. Develop other components of the tool.
4. Perform wider testing in Manitoba/prairie provinces to ensure we gather all resources that are appropriate in several regions, for different types of farming
5. Added work to identify farm family members' and children's' needs and resources to augment the kit.
6. Development of educational material based on the current project
7. Work with youth.

**Role of the Advisory Group** - Respondents expressed interest in keeping the Advisory Group together, at least for a limited time while responses to funding requests are pending. As well, the group will meet again at an official launch of the resource kit at an agricultural event in the coming fall or winter. Further work to disseminate findings and continue to build on this work will be discussed further at that time.

**Role of CCDS** - Respondents recommended that CCDS work to develop new proposals, maintain website materials, promote dissemination of the toolkit, and continue networking in this area. CCDS also has opportunities

for tie-ins between work in the area of farmers with disabilities and other programs (Ukraine project, Visitability, Aging and Disability).

## **Future Projects -**

Future 'spin off' projects include or may include:

- Production of a DVD/video by Independent Living Resource Centre. ILRC is seeking funding from Manitoba Film and Sound.
- An epidemiological study, analyzing PALS data, to be carried out through the Department of Occupational Therapy, University of Manitoba.
- Phase II of a CCDS led project, focused on further testing in different regions of Manitoba, for use by youth and for prevention.
- Safe Play and Safe Farm Checklist program evaluations, involving MAFRI and the Department of Occupational Therapy, funded by CASA.

## **VII. Communication and Dissemination**

### **Communication with Key Stakeholders**

As a participatory research project, communications with and among community stakeholders has been vital to the successful implementation of the project, and to the development of relevant resource materials. Throughout the project's timeframe, several mechanisms for communication and periodic dissemination of progress and findings have been employed. These have included: Quarterly Advisory Group meetings, Communiques (reporting progress and soliciting input) in months when no Advisory Group meetings are held, semi-monthly (approximately) Project Team Meetings, CCDS bulletin features (2), web page content on the CCDS and Manitoba Farmers with Disabilities websites, CBC Radio Noon program, and articles in *Farmers' Independent Weekly*, and two news publications in the research communities.

## **Preliminary Resource Kit Distribution**

Resource kits, 150 copies (including PDF, Audio Presentation files, & PowerPoint files)—have been mailed to a group of priority recipients, which include:

- The project funder (WCB)
- Advisory Group organizations
- Other research/project participants (farmers, service providers)
- Project Research Team members
- Relevant government ministries, including The Minister of Healthy Living
- The Canadian Centre for Health and Safety in Agriculture
- Keystone Agricultural Producers
- Injured and Disabled Workers Centre
- Disability Issues Office (provincial)
- CIHR, Aging Component
- Office of Disability Issues (federal)
- Key members of the media (rural, agricultural and disability publications)
- The US-based AgrAbility Project

An electronic version (PDF) of the resource kit has been distributed to CCDS members, partners and to project participants.

## **Secondary Dissemination Activities by Stakeholders**

As well, several Advisory Group members were sent additional copies of the kit to conduct secondary distribution with members of their networks, at upcoming events and meetings.

- **Manitoba Farmers with Disabilities** will display and distribute at least 20 copies of the kit at agricultural fairs, including the Pumpkin Fair (Oct), Ag Days events (Jan, Feb, Mar), Hog and Poultry Days, Grazing School, and a grain handlers event.
- **Manitoba Agriculture, Food and Rural Initiatives** has committed to distribute 20 copies at upcoming meetings with agricultural producers/ members of the agricultural sector.

- **Independent Living Resource Centre** displayed and promoted the kit at the Health and Wellness Conference, sponsored by the Canadian Health Network, held September 24 – 25, 2007.
- **The Manitoba Women’s Institute** has pledged to distribute the kit to a rural clinic, a rural municipality office, and among other MWI members/colleagues.
- **Manitoba Farm and Rural Stress Line** has shared mailing lists that, in a subsequent stage of this work, can be used to further distribute kit copies to doctors offices, municipal offices, churches, and Agricultural Reps. These groups were identified in research as key methods of dissemination for farmers with disabilities.
- **Farm Credit Canada** will distribute the kit among colleagues and meeting participants.

Members also intend to promote and share the resource kit at two key conferences: the International Symposium on rural and agricultural issues sponsored by Canadian Agricultural Safety Association, to be held in Saskatoon, October 2008; and the Canadian Injury Prevention Conference, to be held in Toronto, November 11-13, 2007. This event is sponsored/supported by Safe Kids Canada, and the Canadian Agricultural Safety Association, among others.

Advisory Group members have also committed to adding links on their websites to allow visitors to download a PDF of the kit.

### **Public Launch and Promotional Activities**

At the conclusion of the project, an article publicising the newly produced resource kit was published in the August 16<sup>th</sup> issue of the Western Producer. Although such public dissemination activities are underway, a formal launch of the resource kit will not be held until the late fall or winter, in conjunction with an agricultural event, as recommended by Advisory Group members. Brandon Ag Days, scheduled for January 16-18th this year, may provide this opportunity.

In preparation for the launch, articles will be published in the public media, including an article in Abilities Magazine (November issue). The event will

also be publicized through radio outlets (CJOB, CBC Noon), with CCDS website, bulletin, and email notices, and notices circulated by other stakeholder organizations.

### **Academic Publication and Reporting**

Project Team members will seek publication of the results of research in two academic journals: Journal of Agricultural Health and Safety, and Journal of Occupational Rehabilitation.

A presentation on the project's findings and resource kit development was delivered at CIHR Strategic Training program on Work Disability Prevention held in Montreal in June 2007.

## **APPENDICES**

- A. Financial Report
- B. Advisory Group and Project Team List
- C. Literature Review
- D. Environmental Scan
- E. Interview Guide
- F. Pilot Test Questions
- G. Final Project Evaluation Survey
- H. Pilot Test Report

## APPENDIX A

### CANADIAN CENTRE ON DISABILITY STUDIES COMMUNITY SUPPORT STRATEGIES FOR FARMERS WITH DISABILITIES

#### FINANCIAL REPORT TO WORKERS COMPENSATION BOARD

<b>FUNDING</b>	<b>Expenditures to March 31 2007</b>	<b>Expenditures April - August 2007</b>	<b>Expenditures</b>	<b>Project Budget</b>	<b>Variance</b>
<b>WCB Expenditures:</b>					
Salaries: (Project Coordinator + Researchers)	50,557.32	9542.68	60,100.00	60,100.00	-
Stipends (honoraria)	-		-	-	-
Website Design	888.27	668.65	1,556.92	1,500.00	- 56.92
Toolkit and Graphic Design	-	8,005.00	8,005.00	8,000.00	- 5.00
Materials & Supplies	8,500.00	2,000.00	10,500.00	10,500.00	-
Travel/Meeting	5,965.35	2,509.82	8,475.17	8,400.00	- 75.17
Communication & Dissemination	3,628.33	1,808.60	5,436.93	5,000.00	- 436.93
Rent and Phone	5,500.00	1,000.00	6,500.00	6,500.00	-
<b>Expenditures funded by WCB</b>	<b>75,039.27</b>	<b>25,534.75</b>	<b>100,574.02</b>	<b>100,000.00</b>	<b>- 574.02</b>
<b>CCDS Expenditures:</b>					
Salaries	8,812.50	20,562.50	29,375.00	29,375.00	
Equipment & Supplies	500.00	500.00	1,000.00	1,000.00	
Website promotion	1,000.00	2,000.00	3,000.00	3,000.00	
Pamphlets, graphics & newsletters	1,000.00	5,000.00	6,000.00	6,000.00	
<b>Expenditures funded by CCDS in-kind</b>	<b>11,312.50</b>	<b>28,062.50</b>	<b>39,375.00</b>	<b>39,375.00</b>	
			-		
<b>TOTAL EXPENDITURES</b>	<b>86,351.77</b>	<b>53,597.25</b>	<b>139,949.02</b>	<b>139,375.00</b>	<b>- 574.02</b>

## **APPENDIX B**

### **Members of the Project Advisory Group and Research Team**

#### **Project Team Members**

Olga Krassioukova-Enns, Co- Principal Investigator  
Executive Director, Canadian Centre on Disability Studies

Margaret Friesen, Co-Principal Investigator  
Assistant Professor, Department of Occupational Therapy  
School of Medical Rehabilitation, University of Manitoba

Laurie Ringaert, Co-Investigator  
Senior Research Associate, Canadian Centre on Disability Studies

Harpa Isfeld, Research Associate and Project Coordinator,  
Canadian Centre on Disability Studies

Shelagh Marchenski, Research Associate,  
Canadian Centre on Disability Studies

#### **Advisory Group Members**

Lawrence Anderson  
Board Member, Manitoba Farmers With Disabilities (MFWD)

Glen Blahey  
Provincial Farm Safety Coordinator, Manitoba Agriculture, Food and Rural  
Initiatives (MARFI)  
Winnipeg, Manitoba

Neil Enns  
Coordinator, Manitoba Farmers With Disabilities (MFWD)  
Elm Creek, Manitoba



Darren Lacey  
Community Investment Consultant, Farm Credit Canada (FCC)  
Regina, Saskatchewan

Doug Lockhart  
Senior Program Coordinator, Independent Living Resource Centre (ILRC)  
Winnipeg Manitoba

Sharon Roy  
Supervisor, Employer Accounts, Employer Services Division, Workers  
Compensation Board (WCB)  
Winnipeg, Manitoba

Janet Smith  
Program Manager, Manitoba Farm & Rural Stress Line (MFRSL)  
Brandon, Manitoba

Barbara Stienwandt  
Past Provincial President, Manitoba Women's Institute (MWI)  
Grandview, Manitoba

## **APPENDIX C**

### **Farming with a Disability: Challenges, Barriers and Facilitators That Impact on the Ability to Farm**

#### **A Review of the Literature**

#### **ABSTRACT**

**Background:** Farmers with disabilities experience a variety of challenges and barriers that impact upon their ability to continue farming. Although some facilitators, resources and strategies are available to farmers with disabilities, additional steps need to be taken to ensure that farmers with disabilities are able to continue farming if they choose to. This article provides an overview of the literature examining the experiences of primarily North American farmers with disabilities, though with the purpose of better understanding the experiences of Manitoba farmers living with disabilities.

**Method:** A search of the literature involved a review of twelve electronic databases (PubMed, PsychInfo, CINAHL, Google Scholar, Proquest, Ebscohost Academic Search Elite, Ageline, Blackwell Synergy, Jstor, MetaPress, Science Direct and ASABE Technical Library) for peer-reviewed, academic articles. Websites, web pages and other relevant electronic information were also examined. The search strategy combined two groups of terms using “AND” and “WITH” strategies. The first group of search terms using an “AND” strategy included “farmers” and “disability” and “farmers” and “health”. The second group of search terms using a “WITH” strategy included the following phrases, “farmers with injuries”, and “farmers with chronic illness”. The truncation dis\* was also used to provide general disability-related information. The search included articles published in English, from 1992 to 2006.

**Results:** Twenty papers were identified, the majority focusing on impacts, challenges and facilitators for farmers with disabilities. A number of studies also focused on rural vocational rehabilitation and return to work. Several studies also addressed self-identity and disability, agricultural safety, farmers and mental health and older farmers with disabilities. Research indicates that farmers with disabilities face a variety of challenges including

physical, social, emotional and psychological barriers, economic and financial challenges and inadequate resources.

**Conclusion:** While farmers with disabilities face many of the same challenges as other farmers, they also face additional challenges related to their disabilities. Literature indicates a lack of appropriate resources and information available to help farmers with disabilities to overcome their unique challenges. Despite the difficulties and lack of resources however, many farmers continue farming because it is their way of life and is thus strongly tied to their identities.

## **1. Introduction**

Farmers with disabilities are an understudied segment of the population. Farming is a physically demanding occupation with many stressors and uncertainties, which place farmers at relatively high risk for injuries, occupational disease, and mental health challenges. While farmers share the experience of many challenges common to farming, farmers with disabilities face additional challenges. As well, disability has largely been viewed in relation to the social and built environments of urban centres, without considering the distinct cultural, geographic, and socio-economic contexts of farm households and communities. These contexts influence both the vulnerabilities of farmers and the facilitators available to them. In light of the distinct experience of farmers and the lack of research on farmers with disabilities, a review of recent literature in this area was conducted.

The focus of this literature review is to examine the research concerning the challenges and barriers experienced by farmers with disabilities and their families, and the facilitators available to those who continue to farm. Other information is included if it pertains to farmers, farming, and 1) the area of disability and disability research, 2) the employment of persons with disabilities, and 3) health, injury or vocational rehabilitation issues when returning to work. The review includes quantitative studies, qualitative studies, and systematic reviews.

## **2. Methods of Literature Search**

The literature search involved a review of twelve electronic databases: PubMed, PsychInfo, CINAHL, Google Scholar, Proquest, Ebscohost Academic Search Elite, Ageline, Blackwell Synergy, Jstor, MetaPress, Science Direct and ASABE Technical Library. Peer-reviewed, academic articles, websites and other relevant electronic information were selected. The search strategy employed two groups of terms using “AND” and “WITH” delimiting terms. The first group of search terms included “farmers and disability” and “farmers and health”. The second group of search terms included “farmers with injuries” and “farmers with chronic illness”. The truncation dis\* was also used to provide general disability-related information. The search included articles published in English, from 1992 to 2006.

The databases that produced the most literature, based on the search criteria, were CINAHL, PubMed, Ageline, and ASABE Technical Library. The least useful databases were Ebscohost, Jstor, Science Direct, Academic Search Elite and Proquest.

## **3. Contexts of Farming in Manitoba**

### **3.1 Historical and geographic contexts**

The history of farming in Canada reflects the nation’s history. A generous immigration policy in the early decades of the 20<sup>th</sup> century and similar geography to that of many European countries drew many immigrants who were provided with land grants or hired as labourers on Canadian farms. By the year 2001, Canadians had farmed 67.5 million hectares of land (Statistics Canada, 2004a).

Farms in Canada occupy two main geographic regions of the country: an arc that travels across the grasslands of Alberta, Saskatchewan and Manitoba, and a band of forested lowland that expands from the Maritimes, along the Saint Lawrence River and into Southern Ontario. Each of Canada’s agricultural regions is suited to a particular kind of crop or livestock.

The number of Canadian census farms peaked at 732, 800 around 1941.<sup>2</sup> However, as the use of farm machinery became more efficient than human labour, the number of farms and farmers declined. By 2001, there were 246, 923 Canadian census farms that represented a decrease of approximately 11% since 1996 (Statistics Canada, 2004a).<sup>3</sup>

A parallel decline in Manitoba's farm population occurred, from 79, 840 in 1996 to 68, 135 in 2001, representing 7.5% and 6.2% of the provincial populations enumerated in those census years (Statistics Canada, 2003b). In 2001, there were 28,795 farm operators managing Manitoba's 21,071 farms. Among Manitoba's farm operators, 22,230 (77.2%) were male and 6,565 (22.8%) were female (Statistics Canada, 2003b). Almost 14% of Manitoba farm operators were under 35 years of age in 2001, almost 54% were 35-54 years, while 32.5% were 55 years and over.

Farm production in Manitoba is heavily concentrated in three areas of operation: cattle (beef), wheat, and miscellaneous speciality (Statistics Canada, 2004a). The 2001 Census of Agriculture reported that among the total of 28, 795 farm operators in Manitoba, 10, 215 (35%) operated cattle farms, 7,245 were active in grain and oilseed production, and 2, 610 operators were involved in wheat production (Statistics Canada, 2004a).

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<sup>2</sup> The definition of a census farm has not remained constant over the years. Changes in the definition of census farms affect the comparability of the data among censuses. The 1941 Agriculture Census defined a census farm as a holding of one acre or more that produced, in the year prior to the census, agricultural products valued at \$50 or more, or that was under crops of any kind or used for pasturing in the census year (Statistics Canada, 2003a).

<sup>3</sup> In the 1996 and 2001 Agriculture Censuses, a census farm was defined as an agricultural operation that produced at least one of the following products intended for sale: crops (hay, field crops, tree fruits or nuts, berries or grapes, vegetables, seed); livestock (cattle, pigs, sheep, horses, game animals, other livestock); poultry (hens, chickens, turkeys, chicks, game birds, other poultry); animal products (milk or cream, eggs, wool, furs, meat); or other agricultural products (Christmas trees, greenhouse or nursery products, mushrooms, sod, honey, maple syrup products) (Statistics Canada, 2003a).

## 3.2 Cultural and social factors

### **a) Farm culture**

A distinct culture is associated with farming, which may be attributed to farmers having significant emotional ties to their land and several generations having grown up on the family farm (Marotz-Baden et al., 1995 as cited in Amshoff and Reed, 2005). Members of farm families tend soil together, combat the elements of nature, and construct a family history based on the outcomes of their joint efforts. It is possibly due to this heritage that farmers perform farm work until they are physically unable to do so (Garkovich et al., 1995 as cited in Amshoff and Reed, 2005). The multitude of daily tasks and number of persons required to operate a successful farm contribute to the farm becoming the centre of individual and family work, recreation and life (Amshoff and Reed, 2005).

### **b) Farming and aging**

Farming is increasingly dominated by older workers. The 2001 Census of Agriculture reported that 34.9% of all farmers in Canada were 55 years of age and older, having increased from 32.3% of farmers in 1996 (Statistics Canada, 2004b). The proportion of aging farmers has been steadily increasing since 1981 and is especially large in the Prairie Provinces and Ontario (Bollman, 1999). In Manitoba, the proportion of farmers aged 55 and over increased from 31.1% in 1996 to 32.8% in 2001 (Statistics Canada, 2004c).

In general, farmers are more likely to work to an older age than workers in other industries. The average age at retirement in Canada's agricultural sector is 66, compared to 62 overall. Thus, a much higher proportion of farmers are approaching or have surpassed the average retirement age (Bowlby, 2002).

### **c) Farming and gender**

The proportion of independent female farmers—women who are the sole owners, operators or senior partners—has increased considerably in the U.S. since 1978 (Zeuli and King, 1998). In their study concerning gender differences in farm management, Zeuli and King (1998) found that female farm operators tend to have a higher level of education than their male counterparts. Women are also more likely to operate specialty farms than are men. The study also revealed that farms operated by women have lower levels of farm income and profit but higher levels of off-farm income

and lower amounts of farm debt than those operated by men (Zeuli and King, 1998).

Women who are not independent farm operators or owners also play a significant role in the overall farming operation. An increasing number of women are participating in and contributing to the farm operation as managers through the marketing of farm products, maintaining computer records, making purchases and assisting with long-term planning (Taylor, 1997 as cited in McCoy, Carruth and Reed, 2002). Numerous studies have documented the wide variety of tasks that farm women undertake. The most commonly cited activities include taking care of the vegetable garden and animals (including milking), running farm errands, assisting with harvesting and bookkeeping (McCoy, Carruth and Reed, 2002).

Women's work on the farm has also been referred to as the "third shift" phenomenon, in which women try to balance the demands of unpaid household work, off-farm employment, and farm work (Gallagher and Delworth, 1993 as cited in McCoy, Carruth and Reed, 2002). Moreover, women in rural communities often hold caregiving responsibilities for both children and elderly family members (McCoy, Carruth and Reed, 2002). These additional responsibilities in conjunction with farm work can lead to role overload and higher levels of stress (McCoy, Carruth and Reed, 2002).

## **4. Defining Disability and Related Concepts**

### **4.1 Definition of disability**

The way in which disability is defined impacts the way in which persons with disabilities form their identities and influences the perceptions of others toward persons with disabilities (Scott, 1969; Stone, 1984; Gartner and Joe, 1987 as cited in Barnes, 2000). It also affects the type of policy provisions made for persons with disabilities (Barnes, 2000, Myk, 2006). There is no uniform definition of disability. Definitions of disability vary across policy areas, academic arenas and within and across nations (Myk, 2006).

For the purposes of this study, the definition of disability will be based on the International Classification of Functioning, Disability and Health (ICF) that has been adopted by the WHO. According to the ICF, disability is

defined as “the outcome or result of a complex relationship between an individual's health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives” (WHO, n.d. as cited in WHO, 2006).

## **4.2 Models of disability**

Since the development of disability studies as a distinct field of research, numerous attempts to theorize disability have been made. Three models have been constructed to conceptualize disability: a) the medical model of disability, b) the social model of disability, and c) the bio-psychological model. The medical and social models of disability are two of the most widely recognized approaches that attempt to provide an explanation of disability (Barnes, 1996 as cited in Myk, 2006, Barnes, 2000, Switzer, 2001).

### **a. Medical model of disability**

The medical model is a widely used perspective on disability. This model is predicated on the assumption that disability is the result of a biological or physiological deficiency of the individual with the disability. The model was founded on policies that were in favour of the institutionalization of individuals that were regarded as being deformed or physically and mentally unfit (Switzer, 2001). At the core of the medical model is an idealized notion of ‘normality’ to which persons with disabilities are compared. Anything other than ‘able-bodiedness’ is considered to be abnormal. The dominant view persists that disabilities can be ‘cured’, therefore eliminating a societal problem (Switzer, 2001).

### **b. Social model of disability**

Many proponents of disability studies stress that the inability of persons with disabilities to participate in social activities is a consequence of the creation of barriers by the non-disabled majority. “These social barriers—both physical and attitudinal—limit activity and constrain the lives of people with impairment” (Thomas, 2002: 38 as cited in Myk, 2006). More to the point, it is argued that the obstacles experienced by many persons with disabilities are not directly associated with impairments of individuals but instead are the result of society’s failure to address the needs of persons with disabilities (Bickenbach, 1993; Thomas, 2002; Barnes, 1996 as cited in Myk, 2006). This assertion is the central ideology behind the social model of disability.



The social model of disability has had an impact on disability issues, policy and persons with disabilities themselves.

When disabled individuals encounter the social model, the effect is often revelatory and liberatory, enabling them for the first time to recognize most of their difficulty as socially caused. Disabling barriers in all aspects of life come into view—in housing, education, employment, transport, cultural and leisure activities, health and welfare services, civil and political rights and elsewhere (Thomas, 2002, p. 40 as cited in Myk, 2006).

With respect to policy, Barnes (2000) argues that locating disability within society as opposed to within the individual changes the general nature of the policy response that is required to meet the needs of persons with disabilities. It is important to note however, that despite what some might refer to as a revelatory perspective, the social model, like other models of disability, has been heavily debated and criticized (Barnes, 2000).

**c. *Bio-psychological model***

It has been argued that neither the medical model nor the social model of disability can solely or adequately address the complex phenomenon of disability (World Health Organization [WHO], 2002). Although both models are considered to have elements that are particularly valid, it has also been argued that both medical and social responses are relevant to the difficulties associated with disability. Therefore, a more appropriate model of disability is one that combines the elements of both the medical and social models of disability. This notion serves as the basis for the *Bio-psychological model of disability*. In turn, the bio-psychological model serves as the basis for the ICF (WHO, 2002).

**d. *Other models of disability***

Several other models of disability have been developed. The moral model of disability is premised on the view that the individual with the disability is a sinner with a moral or spiritual problem (Breslin, 1998). Another model is the post-modern paradigm that identifies disability as an economic problem. More specifically, the post-modern paradigm views disability as a result of society's uneven distribution of resources and its widespread acceptance of the medical model (Breslin, 1998).

## **5. Disability, Employment and Farm Work**

### **5.1 Employment of persons with disabilities**

While persons with disabilities face many significant barriers, the most daunting is unemployment (Falardeau-Ramsay, 2002). Labour force participation rates among persons with disabilities are inversely proportionate to the severity of the disability. In 2001, approximately 45% of Canadians with disabilities were in the labour force as compared to approximately 80% of the non-disabled population (Williams, 2006). Similarly, the unemployment rate was considerably higher among individuals with disabilities (10.7%) as compared to their non-disabled counterparts (7.1%) (Williams, 2006).

Although persons with and without disabilities tend to work in similar occupations, Williams (2006) found that there was a notable difference in the field of management. The percentage of persons with disabilities in management positions was considerably lower than that of persons without disabilities (6% versus 11%). Williams (2006) also found that persons with disabilities were less likely to work in the agricultural industry than persons without disabilities (3% versus 4%).

### **5.2 Employment of rural and farm residents with disabilities**

People with disabilities who live in rural areas experience more challenges in finding employment than their urban counterparts (Seekins and Arnold, 1999). Seekins and Arnold (1999) found that a major difference between urban and rural situations for persons with disabilities is opportunities for employment. In this regard, self-employment such as farming can be an important and viable employment option for persons with disabilities.

All work involves some degree of risk, but production agriculture is one of the most hazardous industries in the world (National Safety Council, 2002 as cited in Reed 2004). The physical dangers associated with agricultural work have been studied and reported extensively (Robertson, Murphy and Davis, 2006). However, the topic of farmers with disabilities who choose to

continue farming is an under-researched area with few epidemiological studies.

### **5.3 Types of disability and farm work**

#### **a) Disability due to injuries**

Based upon a survey of 47 Canadian farmers with various disabilities, Molyneaux-Smith, Townsend and Guernsey (2003) compared farmers who continue to farm and those who have stopped farming due to their disability. The injuries that most commonly caused occupational disruption were amputations (75%), spinal cord injuries (19%), and fractures/crush injuries (39%). In the case of amputations, farming was disrupted when amputations involved the right arm (22%), right leg (17%), left arm (14%), left leg (11%), hand (11%), finger(s) (3%), toe(s) (3%), and multiple limbs (3 respondents). Among participants who were no longer farming, 100% indicated that their disability involved amputation (Molyneaux-Smith et al., 2003).

In another study of farmers and ranchers with physical disabilities, Allen, Frick and Field (1995a) found that working with livestock, followed by the operation of tractors and machinery were most frequently reported as the most hazardous tasks on the farm or ranch. Sixty percent of respondents felt that they were at greater risk of being injured on the farm or ranch because of their disability. Study participants indicated a considerable need for safety training to reduce their rate of injury (Allen, Frick and Field, 1995a).

Several studies have discovered hearing loss to impact over 50% of the farming population (Becker et al., 2000; Lexau and Heims, 1994, 1998 as cited in Kirkhorn and Schenker, 2002). Noise levels on farms tend to be high, the average noise levels of tractors, feed unloading areas and vacuum pumps registering above the standard levels required for hearing protection (Holt et al, 1993; Marvel et al., 1991 as cited in Kirkhorn and Schenker, 2002). Although cabs on tractors and similar machinery have lowered noise levels, significant exposure still takes place (Kirkhorn and Schenker, 2002).

Few studies have examined work-related injuries among women (McCoy, Carruth and Reed, 2002). In their research concerning women farmers and farm injury, McCoy Carruth and Reed (2002) cited the sociological literature

on factors that could influence the extent to which women are exposed to work-related hazards. These factors include the extent to which women participate in farm work, size of the farm, farm commodity, marital status, control of land, children on the farm, husband's off-farm work, education and experience in farming.

Women who work in dairy farming may have an increased risk for occupational injury (McCoy, Carruth and Reed, 2002). In this regard, Nordstrom et al. (1995 as cited in McCoy, Carruth and Reed, 2002) discovered that dairy farmers were 2.5 times more likely to be injured than farmers who worked with other commodities. Another study on dairy farmers conducted by Boyle et al. (1997 as cited in McCoy, Carruth and Reed, 2002) found that milking and feeding were associated with the greatest number of work-related injuries and that 52% of injuries in that study occurred among women.

#### ***b) Mental health***

There is growing recognition of the significant psychological hazards associated with agriculture (Gregoire, 2003 as cited in Fraser et al., 2005). These hazards include high levels of stress, depression and increased rates of suicide (Fraser et al. 2005). The unpredictability of weather often exacerbates the emotional and physical challenges of farming. Weather often determines the type and pace of work that can be accomplished in any given day. Livestock must be taken care of on a regular basis, despite other requirements or the worker's health. No one is available to replace a sick farmer (Reed, 2004). "Stress to get crops harvested before the freeze arrives, or the cows milked after a 10-hour day in the hayfield, frequently results in life changing injury" (Reed, 2004, p. 397).

Fraser et al. (2005) provide an overview of literature pertaining to farmers' mental health and farm family members. The authors cite studies of family farms that have shown that economic and managerial control of the older generation significantly adds to the stress of the younger generation (Marotz-Baden, 1988; Marotz-Baden and Matheis, 1994; Wiegel et al., 1987 as cited in Fraser et al., 2005). As well, studies of women in farming discovered high levels of depression and fatigue (Carruth and Logan, 2002; Stallones et al., 1995; Walker et al., as cited in Fraser et al., 2005).

In 2005, the Canadian Agricultural Safety Association (CASA) commissioned a survey regarding stress and the mental health of farmers,

which was distributed to 1,100 agricultural producers across Canada. A variety of issues were examined, including the current stress levels of Canadian farmers, factors causing stress, and awareness of available resources for managing stress and mental health. The survey estimated that almost two-thirds of Canadian farmers felt stressed. One in five farmers (20%) reported feeling “very stressed” while almost half (45%) of the farmers surveyed felt “somewhat stressed”. Stress levels tended to decline with age and gross income. Farmers identified several factors that contribute to stress. The most important factors were financial concerns related to commodity prices, the BSE crisis (aka mad cow disease), and overall farm finances. These factors remained relatively consistent across farm size and Canadian regions. Other causes of stress included weather related factors, government policies, input costs and uncertain market conditions (CASA, 2005).

Farmers participating in the CASA survey expressed the extreme importance anonymity held for them when seeking assistance with stress and mental health issues. When feeling stressed, the majority of farmers would rely on a family doctor, a stress/mental health professional or a religious figure. Although the majority of farmers identified a number of persons they could turn to when feeling stressed, less than one-half of farmers strongly agreed that they were aware of resources to help manage stress and mental health (CASA, 2005).

**c) *Disabilities acquired due to health conditions***

Farmers experience an increased prevalence of many chronic and acute health conditions. These health conditions include cardiovascular and respiratory disease, arthritis and skin cancer (Kirkhorn and Shenker, 2002). Agriculture involves potential exposure to a vast array of respiratory toxins, many of which are used in higher concentrations than in other industries. Despite low rates of cigarette smoking, farmers have higher rates of many chronic respiratory diseases, although epidemiological studies are lacking (Schenker, 1998, Zejda et al., 1993 as cited in Kirkhorn and Schenker, 2002).

Increasing evidence indicates that endotoxins, which are located in organic dusts from both grain storage and confined animal feeding operations (CAFOs), are a statistically significant factor in respiratory disease. In addition, some farmers and agricultural workers experience an “asthma-like syndrome, which is a non-allergic respiratory condition that is clinically

identical to asthma but is connected to persistent airway inflammation or airway hyperactivity” (Kirkhorn and Schenker, 2002).

As noted earlier, farming and other agricultural production activities are acknowledged as difficult physical work. Musculoskeletal disorders (MSDs) are common in production agriculture and may increase as labour-intensive agricultural work has become more prevalent in the past 20 years (Villarejo and Baron, 1999 as cited in Kirkhorn and Schenker, 2002). Chronic back pain was reported by 26% of farmers and ranchers in one survey (Xiang et al., 1999 as cited in Kirkhorn and Schenker, 2002), and in another study, approximately 71% of hog producers reported chronic back pain (Von Essen and McCurdy, 1998 as cited in Kirkhorn and Schenker, 2002).

Many epidemiological studies have found an association between several cancers and farming. However, the results have been inconsistent and there is no consensus as to whether various cancers are associated with farming (Kirkhorn and Shenker, 2002). Although some types of cancer have been linked to specific exposures and may increase among groups of agricultural workers, including pesticide applicators (Blair and Zahm, 1995a as cited in Kirkhorn and Shenker, 2002), the finding has not been consistent (Asp et al., 1994; Perry and Layde, 1998 as cited in Kirkhorn and Schenker, 2002).

In a study concerning U.S. farmers and pesticide applicators, Gómez-Marin et al., (2002) evaluated predictors of health status, and acute and chronic disability for farmers and pesticide applicators. They found that farmers were considerably less likely to report acute and chronic disability and health conditions, while pesticide applicators were more likely to report these conditions (Gómez-Marin et al., 2002).

Farmers are at high risk of skin cancer because of their frequent and prolonged sun exposure (Bean, Dresbach and Nolan, 1997 as cited in Burwell, 2004). Burwell (2004) surveyed individuals about skin cancer risk and sun safety. The majority of participants were involved in agriculture. She found that 57.4% of individuals who were farming at the time of the initial survey felt that they were at risk for developing skin cancer. In a follow-up survey, Burwell (2004) discovered similar results, as 54.5% of individuals who were currently farming felt that they were at risk. Interestingly, the research also revealed that although most members of the agricultural community know that they are at increased risk for skin

cancer, the most popular choice of headwear for farmers was either a ball cap, which offers limited sun protection, or no hat at all.

**d) *Disabilities as a result of aging***

As farming is a labour-intensive occupation, there is a considerable amount of “wear and tear” on an individual (Keninger, 1997). Keninger (1997) identifies some causes of physical degeneration among farmers as: operating tractors without power steering (arthritis); operating an old-style tractor clutch and brake, that were difficult to activate (knee replacements); sitting for long periods of time on unsupported, non-cushioned tractor seats (back injuries); or jumping while mounting or dismounting a tractor from behind (hip injuries). The author also refers to a variety of limitations associated with aging which can effect farming, including fatigue, decreased endurance, vision loss, decreased reaction time, hearing loss and mobility limitations (Keninger, 1997).

## **6. Impact of Disability on Farmers and Farm Families**

### **6.1 Physical impacts**

The impact of disability on farmers and farm families has been under researched. An early study conducted by Allen, Field and Fricke (1995b) on farmers with a range of disabilities, including head injuries, visual impairments and cerebral palsy, revealed that approximately 81% of respondents felt that there were certain work-related tasks that they could no longer perform or had serious difficulty performing due to their disability. Physical tasks such as loading or moving livestock, hitching implements to tractors, fuelling and maintenance of tractors, climbing and carrying heavy objects were cited as the activities that cause the most difficulties (Allen, Field and Fricke, 1995b).

Hass-Slavin, McColl, and Picket (2005) discovered that safety and risk management are relevant issues when farming with a hearing loss. The authors found that farmers with a hearing loss were concerned about farm efficiency and safety when communication with others required close contact and frequent repetition of verbal messages. Misunderstood messages or missed warning sounds may result in personal injury, loss of animals or increased operational costs (Hass-Slavin, McColl and Picket, 2005).

The older farmer with a disability faces added challenges due to the rural setting. Something as straight forward as getting the mail becomes a greater challenge in a rural setting as compared to an urban area. Mailboxes are located a long distance from the residence across terrain and weather conditions that make it difficult to walk (Keninger, 1997).

## **6.2 Familial impacts**

Through her interviews with injured farmers, Reed (2004) discovered that farmers' injuries affected their entire families. Spouses immediately experienced the impact (Reed and Claunch, 2002 as cited in Reed, 2004), and often took over their husband's farm responsibilities. In many instances, the spouse was not adequately prepared for these new responsibilities. At the same time, the spouse faced concerns about the survival of her husband while taking on caregiving, medical responsibilities and household activities (Reed, 2004). Although the farmers greatly appreciated the support of their wives, this assistance was sometimes seen as limiting their independence (Reed, 2004).

Some literature has described gender as an influence on the experience and impact of illness, injury or disability on farmers and farm families. Fraser et al. (2005) maintain that the expectations of traditional gender roles, along with male socialization and models of masculinity, affect men's health behaviour. Furthermore, elements of identity for men may be tied to the farm, with threats to farm viability challenging the source of family tradition, livelihood and feelings of self-worth (Gary and Lawrence, 1996 as cited in Fraser et al., 2005). It has also been argued that farm women experience high levels of stress and fatigue and that farm women's stress level is higher than that of farm men (Walker and Walker, 1988 as cited in Fraser et al., 2005). The level of farm women's stress has become particularly evident in recent years as farming has become less profitable which has resulted in women taking on more work on and off the farm (Fraser et al., 2005).

## **6.3 Caregiving**

Caregiving may be difficult to define because it is an activity performed mostly by women and is often ideologically classified as "women's work" (Walker, Pratt and Eddy, 1995: 403). Most often, family caregiving has



been conceptualized as one or more family members providing assistance to other family members, beyond that which is needed as part of normal everyday life. Generally, family caregiving starts when aging family members need assistance due to debilitating chronic diseases or chronic conditions such as Parkinson's Disease or Alzheimer's (Walker, Pratt and Eddy, 1995). However, in the case of farmers with disabilities, particularly those with acquired disabilities, the issue of caregiving has also had an impact on farm families (Reed, 2004; Reed and Claunch, 1998). In their article concerning caregiving and the division of labour, Lawrence et al. (2002) discuss changes to, or a redistribution of tasks among family members. In this vein, Reed (2004) and Reed and Claunch (1998) cite examples from their research of many spouses taking on additional medical responsibilities, caregiving tasks and farm work after their husbands acquired a disability.

#### **6.4 Emotional impacts**

Robertson, Murphy and Davis (2006) conducted an exploratory study based on interviews with 66 individuals in the agricultural industry, including farmers and their families, to investigate the social and emotional impacts of farm work injuries. They found that participants experienced emotional anguish and loss as a result of their injuries, along with positive transformations and consequences. Moreover, they found that the majority of injured farmers studied were religious men who shared their skills, knowledge and time, were extensively involved in their community, and were valued members of the community. The study also revealed that practical help provided by community members was most often valued and in some cases this assistance might have been crucial to saving the farm operation (Robertson, Murphy and Davis, 2006).

Through the use of personal interviews and surveys, Molyneaux-Smith et al. (2003) found that farmers expressed self-deprecation associated with their disabilities. Some farmers blamed themselves for their disabilities and experienced depression, whereas others blamed physicians and farm equipment manufacturers. In Reed's study (2004) of farmers with upper-extremity amputations, all participants blamed themselves for their injuries. Moreover, farmers expressed disbelief that the injury had happened to them but revealed that careless actions had led to their injuries and that these careless actions were usual practices among farmers. Study participants stated that they experienced "real recovery" once they were

back working full-time on the farm, whereas depression was more evident among farmers who were delayed in returning to work after injury (Reed, 2004).

Robertson, Murphy and Davis (2006) found that the majority of injured farmers who participated in interviews relied heavily on faith, and many attributed their injuries to “the will of God” (32). However, many study participants revealed a considerable amount of emotional anguish, which led to challenges in relationships. In some cases where an injury was fatal, members of families or organizations struggled with the emotional anguish involved in coping with the loss of a valued family and community member. Unresolved emotional anguish was a common theme, regardless of the specific circumstances of the farmer. Despite their emotional anguish, study participants also overwhelmingly portrayed positive consequences to the incidents. Wives gave value to the changes they experienced in their roles as they took on more responsibility on the farm. In the case of fatalities, where wives assumed full responsibility on the farm, they expressed an appreciation for changes in their perspectives and increased independence (Robertson, Murphy and Davis, 2006).

Despite the many physical, emotional, psychological and environmental challenges that farmers with disabilities face, the literature also describes these farmers as resilient. Farming imposes specific demands that challenge the most physically fit workers; yet farmers with disabilities continue to be active food producers (Reed, 2004). “Farmers ‘make do’ because that is their lifestyle. They devise, improvise and do without...” (Reed, 2004: 397). This observation concerning farmers’ resilience was echoed by Robertson, Murphy and Davis (2006), who identified this as a theme derived from interviews with injured farmers.

## **7. Return to Work After Injury/Disability**

Farmers are hesitant to leave their valued occupation, even after the loss of a limb (Crisp, 1992; Reed, 2004). “I can’t imagine not farming... I’d rather die than not farm” (Livestock farmer with hand amputation as cited in Reed, 2004, p. 397). Having conducted a series of interviews with injured farmers, Reed and Claunch (1998) discovered that these farmers often continue farming, making adjustments to the best of their abilities with little professional support.

## **7.1 Barriers to returning to work after injury/disability**

A number of individual, physical barriers to returning to farming post-injury have been identified. These include increased fatigue when completing physical labour and increased prevalence of falls after amputation, which may continue years after returning to familiar farm work (Reed and Claunch, 1998; Reed, 2004). Farmers have also reported that phantom pain hindered their return to farming in some cases. When phantom pain was present, the farmer would be forced to stop working until the pain subsided (Reed and Claunch, 1998; Reed, 2004). Interestingly, previous research has also shown that prostheses, which are designed to aid persons with disabilities in performing various tasks, are considered by many farmers to be a barrier when returning to work (Reed and Claunch, 1998; Reed, 2004). “The cosmetic model, fitted with a hand, was non-functional, ‘got in the way’ and caused farmers to feel ‘artificial’ when wearing it” (Reed, 2004: 401).

Through their interviews with injured farmers, Reed and Claunch (1998) uncovered a number of social barriers to returning to work. Post-injury, respondents most often identified the primary obstacle to returning to farm work was the attitude of rehabilitation and health care professionals that farming might be too physically taxing for amputees. Although these farmers participated in physical or occupational therapy, their therapists did not teach them how to perform farm tasks. Generally, social barriers were found to be more difficult to overcome than physical barriers. Respondents indicated that the farm community was supportive of farmers returning to work, but individuals who did not know the farmer prior to the injury attempted to dissuade him from returning to physical farm labour (Reed and Claunch, 1998).

A number of barriers to returning to farm work have been identified within the field of rural vocational rehabilitation. Based on their interviews with rural vocational rehabilitation counsellors, Lustig, Strausser and Weems (2004) assert that rural consumers of vocational rehabilitation services have a higher rate of unemployment. Moreover, rural consumers are often subject to more limited access to vocational and mental health services, transportation barriers, higher rates of health problems, and greater geographic distances between consumer and counsellor (Lustig, Strausser and Weems, 2004).

Limited service availability has been identified as a major barrier for Canadian farmers with disabilities (Molyneaux-Smith et al., 2003). Though interviews with injured Canadian farmers found many to express a need for specialized equipment, Molyneaux-Smith et al. (2003) found that services providing assistive technology were not readily accessible, especially in rural areas. Furthermore, the study revealed that Canadian assistive technology services were not funded uniformly across the provinces (Molyneaux-Smith et al., 2003).

Molyneaux-Smith et al. (2003) also maintain that although farmers with disabilities experience the same financial and social challenges as other Canadian farmers, they have additional costs and difficulties related to using specialized tools and equipment, moving around the community in a wheelchair, or hiring extra help. “The lack of financial recognition of the costs of farming with a disability were a major challenge, since the cost of hiring others to complete work tasks made it impossible to balance the books” (Molyneaux-Smith et al., 2003: 18). The authors argue that, in some instances, the challenges that farmers with disabilities face cannot be overcome and thus result in the deterioration of families and the loss of farms. Canadian farmers who participated in the interviews expressed a strong commitment to the land and rural life, and regarded the lack of government, insurance and banking support to maintain farm communities, for persons with or without disabilities, to be a particularly detrimental barrier.

## **7.2 Facilitators to returning to work after injury/disability**

There are many factors that can increase the likelihood that farmers with disabilities return to work. Personal characteristics can have a substantial impact on the successful return to farming (Reed and Claunch, 1998). In their study on returning to farming after amputation, Reed and Claunch (1998) found that the majority of farmers they interviewed had the personal determination to master tasks that allowed them to resume and maintain farming activities. A sense of humour also proved useful in combating depression and daily challenges. The participants expressed their view that “these characteristics are part of the essence of farming, where self-reliance, harmony with nature, and humour is required to face the natural and economic uncertainties that surround farming” (Reed and Claunch, 1998, p.134).

Molyneaux-Smith et al. (2003) assert that individual volition to overcome occupational disruption contributes significantly to a farmer's ability to continue farming. Based on their research findings, they also maintain that personal values are crucial. The research indicated that farmers with disabilities placed a high value on continuing to engage in the farm environment in that they were prepared to give up leisure and social activities to focus on farming. Moreover, farmers appeared to cope with the performance of new tasks and habituation by changing farming practices or changing the organization of the farm after acquiring a disability (Molyneaux-Smith et al., 2003).

Robertson, Murphy and Davis (2006) found that faith, a belief in God and emotional support drawn from community members were vital in helping many injured farmers return to farming. Faith and beliefs regarding God's will were significant themes in interviews with injured farmers and their families. Several participants attributed a better outcome of the incident, which resulted in an injury, to the will of God. "I handed it over to the Lord and He did miracles, not the miracles that [the farmer] wanted but some day he'll understand" (Wife of injured farmer as cited in Robertson, Murphy and Davis, 2006: 32). Emotional support from the community was also cited as a facilitator for returning to work by many of the interview participants. The encouragement of community members instilled confidence within a number of injured farmers. "Support, like the community has given me, gives you this sense of you know, there is a certain determination to kind of pursue what you've go to pursue in life because people have had that kind of level of confidence [in you]" (injured person as cited in Robertson, Murphy and Davis, 2006: 30).

Programs such as AgrAbility that are designed to aid farmers are considered by many farmers to be useful resources. AgrAbility provides confidential on-the-farm services to farmers or family members with a variety of disabilities. Services provided by AgrAbility include equipment and worksite modification recommendations, community and health care coordination, farm job restructuring, stress management, farm safety and identification of funding sources (Bazile, 1999).

Respondents in a study conducted by Reed and Claunch (1998) reported that AgrAbility staff was very helpful to farmers with disabilities. More specifically, the respondents identified the program's on-farm assistance

and suggestions for low cost production of assistive technology as the most useful services. Interestingly, participants who used AgrAbility resources often responded by helping others with similar disabilities and this help, in turn, increased the network of resources available to the farm community (Reed and Claunch, 1998).

There are other programs similar to AgrAbility that provide various resources to farmers with disabilities. For example, the NC Ability Program in North Carolina aids farmers with disabilities to identify and acquire assistive technology (Martinez and Edwards, 1997). In Canada, various provincial associations of farmers with disabilities provide information, suggestions for equipment modifications, and other resources to continue farming (Farm Credit Canada, 2002).

As noted earlier, Reed (2004) found that many farmers with amputations did not experience a true recovery until they were back at work full time. In the past, recently disabled farmers were often forced to quit farming and find an alternative way of making a living (Farm Credit Canada, 2002). Molyneaux-Smith et al. (2003) found that 83% of respondents surveyed continued to farm after acquiring their disability. Furthermore, those individuals who continued to farm were significantly younger than those who were no longer farming. Moreover, individuals who continued farming were more likely to have completed high school (Molyneaux-Smith et al., 2003).

Young, Strasser and Murphy (2004) investigated the impact of spinal cord injury on the employment experiences of Australian agricultural workers in comparison to persons employed in other industries. They conducted a survey of 241 individuals with spinal cord injuries who were employed at the time of their injury. Among the 241 participants, 47 individuals were agricultural workers and 145 worked in other industries. Contrary to their expectations, the researchers found that the rate of returning to work was significantly higher among agricultural workers than among individuals working in other industries (61.7% versus 41.1%). However, an investigation into the hours spent working and satisfaction with employment activities revealed that most agricultural workers were underemployed and had the potential to achieve better outcomes. In addition, the research findings demonstrated that many farmers derive a strong sense of identity from their work and “view it as an integral part of their past, present and future” (Young, Strasser and Murphy, 2004: 1020). The authors suggest

that this close identification of farmers with their work may allow them to make greater progress in returning to work relative to their peers in other industries. Despite the relative success of spinal cord injured agricultural workers in returning to work, the authors maintain that more can be done to help agricultural workers reach their employment goals (Young, Strasser and Murphy, 2004).

As part of their study concerning Canadian farmers with disabilities, Molyneaux-Smith et al. (2003) provide a number of recommendations to make farmers' return to work easier. First, they assert that there is a pressing need to provide financial programs to help farmers to cope with a disability and to make needed adjustments to their occupational disruption. Secondly, they point to the need for community and government services to explore the possibility of expanding their service locations and providing a travelling service for outlying regions or communities. Lastly, the authors point to the need for public policy to propel economic policies, as banking, insurance and government financial services have a considerable impact on whether farmers with disabilities experience occupational disruption as a temporary challenge or permanent barrier to farming (Molyneaux-Smith et al., 2003).

## **8. Vocational Rehabilitation**

Increasing emphasis has been placed on vocational rehabilitation as a means of reintroducing ill or injured persons to the workforce (Selander, Marnetoft, Bergroth and Ekholm, 2002). Vocational rehabilitation involves the provision of services to people with disabilities who have a prior work history that enables them to re-enter the labour market after illness or injury. It also often applies to the provision of services to persons with permanent inborn disabilities who are provided with the tools necessary to their initial entry into the workforce (Selander et al. 2002).

Vocational rehabilitation (VR) services in rural and urban centres have been found to vary (Lustig, Strauser and Weems, 2004). Rural vocational rehabilitation counsellors often experience difficulties when aiding individuals to obtain employment due to a lack of transportation, limited employment options, inadequate training and educational opportunities and limited vocational rehabilitation services (Arnolds, Seekins and Nelson, 1997; RTC Rural, 1995; RTC Rural, n.d. as cited in Lusitg, Strauser and

Weems, 2004). However, rural VR counsellors also report certain advantages over their urban counterparts. For instance, rural counsellors cite that agencies in their area work well together and have more chances to network (Arnold et al., 1997; RTC Rural, 1995).

Having compared rural and urban vocational rehabilitation services Lustig, Strauser and Weems (2004) found that rural consumers with non-severe disabilities were more likely to be employed than urban consumers with a non-severe disabilities. On the other hand, rural consumers with severe disabilities were less likely to be employed than their urban counterparts. The authors concluded that persons with severe disabilities, especially those in rural areas, might require more intensive services. They suggest that addressing the needs of rural consumers with severe disabilities and developing a working alliance with their VR counsellor may help to eliminate some of the difficulties experienced by rural individuals (Lustig, Strauser and Weems 2004).

Other researchers have also found a lack of VR services in rural areas. Carney (1992) maintains that in her previous experience as a rehabilitation counsellor many people were aware of the options that may have resulted from rehabilitation but were unwilling to abandon their rural lifestyle to obtain services. In this regard, Carney (1992) asserts that assistive technology can play an important role in improving access to rural services. She also points to the possibility of assistive technology enabling business entrepreneurs to work in rural areas and the need for creative transportation networks to allow people with disabilities to continue living in rural areas (Carney, 1992).

Another study conducted by Reed and Claunch (1998) explored the perspectives of farmers during the recovery process after sustaining a severe, permanently disabling injury. Upon investigation, Reed and Claunch discovered that farmers with disabilities did not consider conventional occupational therapy programs to be of much assistance. The same finding was uncovered in Reed's later study of farmers with amputations (Reed, 2004). Moreover, some farmers have cited physical and occupational therapies as barriers to work re-entry, because distance to therapy facilities and prolonged courses of therapy were regarded as counterproductive to farmers' work function (Reed and Claunch, 1998). Farm machinery and repair work have also been identified in a number of



studies as an impediment to farmers' abilities to successfully complete tasks (Reed and Claunch, 1998; Reed, 2004).

Reed and Claunch (1998) found that farmers often organized and began their own rehabilitation without waiting for help from health care professionals or vocational retraining. Although the farmers were able to start their own rehabilitation, it was not without struggle. The study participants revealed that their return to work is a continuous challenge as new obstacles appear within the course of daily work (Reed and Claunch, 1998).

## **9. Strategies for Farmers Living and Working with a Disability**

### **9.1 Prevention/Safety**

Embedded within the promotion of agricultural safety is the notion of prevention. Reed and Kidd (2004) conducted a study concerning the prevention of adolescent agricultural injuries. The authors developed and tested an agricultural safety curriculum for high school agriculture classes. The purpose of the study was to determine whether an educational intervention could transform the behaviour of an adolescent from thinking about the safety consequences of farm work behaviour to acting on such behaviour in order to improve safety. Students who participated in the Agricultural Disability Awareness and Risk Education (AgDARE) program scored considerably higher in their attitudes toward farm safety and their intent to change their work behaviour than those students who did not participate in the program (Reed and Kidd, 2004).

In their study on the safety needs of farmers and ranchers with physical disabilities, Allen, Frick and Field (1995b) reported that the participants identified newsletters and similar resources as being the most helpful method of delivering safety information and the most useful in preventing injuries to those farming and ranching with a physical disability.

### **9.2 Informal networks and mentorship**

Formal and informal networks also help farmers with disabilities to successfully return to work. Farmers' informal networks provide information, emotional support and encouragement (Reed and Claunch,

1998; Reed 2004; Robertson, Murphy and Davis, 2006). Reed and Claunch (1998) discovered that informal networks of farm communities give farmers with disabilities unanticipated resources. Among their study participants, farmers with disabilities contacted one another through cooperatives, farm auctions and churches. They exchanged adapted tools and assistive devices at local supply stores and through individuals who delivered feed or agricultural services to the farm (Reed and Claunch, 1998).

Moreover, Robertson, Murphy and Davis (2006) discovered that assistance given by community members in fatal and non-fatal injury cases were valued and welcomed. Assistance to injured farmers often consisted of helping with farm chores such as milking cows or handling household tasks such as mowing the yard. Most frequently, the assistance provided to injured farmers returning to work was a combination of individual, family and community-wide responses (Robertson, Murphy and Davis, 2006).

Studies have also indicated that other farmers with disabilities can be a valuable resource (Reed and Claunch, 1998; Reed, 2004). Fellow farmers can serve as confidants or mentors. In this regard, Reed (2004) cites the fact that fellow amputees were sometimes viewed as confidants or mentors but were always viewed as an inspiration. Mentors are also able to give instructions for specific tasks and troubleshoot when difficulties arise (Reed and Claunch, 1998). Reed and Claunch (1998) discovered that respondents viewed mentors as standards of comparison. “When the newly injured farmer was able to complete a task that the mentor could do, it was perceived as mastery of the disability” (Reed and Claunch, 1998: 135).

### **9.3 Assistive technology**

Assistive technology refers to any piece of equipment or device that is used to improve the independence of a person with a disability (Martinez and Edwards, 1997). Assistive technology is perhaps one of the most important resources for farmers with disabilities. “For farmers with disabilities, technology is an equalizer. It ‘levels the playing field,’ so that farmers with movement, sensory, or communication impairments can participate alongside their non-disabled peers” (Martinez and Edwards, 1997: 1).

Examples of assistive technology for farmers with disabilities include prostheses, drive through gates and automatic livestock feeders (Reed and Claunch, 1998; Bazile, 1999). In addition to assistive technology that is

provided by rehabilitation engineering departments in hospitals, many adaptations made to farm tools and equipment are made by the farmers who require them. For example, a resource manual for farmers with disabilities entitled *The Toolbox* is produced by Purdue University and it contains approximately 550 items, of which approximately fifteen to twenty percent are homemade products (Farm Credit Canada, 2001).

In this regard, Reed (2004) found that farmers indicated that few assistive devices were designed to help with farm work, which prompted them to rely on their own ingenuity to create appropriate devices. Regardless of the type of resources, whether they consist of personal characteristics, informal networks or homemade devices, it remains evident that resources are critical for farmers with disabilities to continue working (Reed and Claunch, 1998).

#### **9.4 'Toolboxes' for farmers with disabilities**

As noted above, a toolbox of assistive technology has been developed to assist farmers with disabilities (Farm Credit Canada, 2001). This publication has provided farmers and ranchers with disabilities with a variety of information, photos and ideas concerning assistive devices, farm equipment modifications, and accessible buildings and worksites (Jones and Field, 2006). Having traced the evolution of the 'toolbox' that began as part of the AgrAbility program at Purdue University, Jones and Field (2006) assert that it has provided professionals and consumers with thousands of solutions for agriculture workers. As a testimony to the effectiveness of the toolbox strategy, the authors cite the production of four editions of the publication to date, and the distribution of over 3,000 copies throughout North America and several other countries.

### **10. Summary & Conclusions**

Much has yet to be learned about the issues and needs of farmers with disabilities. This is particularly evident by the overall lack of epidemiological studies concerning farmers with disabilities. More Canadian studies are needed, as only one such study was identified during the compilation of this literature review.

The literature reviewed describes several challenges, issues and barriers which are general to farmers or persons with disabilities, and many that are distinct for farmers with disabilities and their families. Physical and health risks to farmers are considerable, and are compounded for farmers with disabilities who are more vulnerable to accidents and injury. As an aging workforce, many farmers face added challenges in making physical adaptations. The challenges that farmers with disabilities face are not only physical but also include a variety of emotional, psychological, social and financial challenges. Stress often arises from the pressure to complete daily tasks, financial concerns and interpersonal family dynamics—challenges that are common among farmers and intensified among farmers adapting to injury or illness. Considerable and unresolved emotional anguish resulting from the experience of injury followed by disability is common among farmers. Gender influences the impact of disability, coping strategies, and help-seeking behaviour. As farming often involves the family, several generations, added labourers and community networks, the impact of a farmer's disability is far-reaching. The social and emotional impacts on spouses and caregivers represent areas where these broader consequences can be better understood. There was also a lack of literature pertaining disability and the needs of farm children.

Of particular concern to farmers with disabilities is the ability to continue farming for as long as they can. It is clear that, for many individuals, farming not only represents their livelihood but their identity. Farmers are strongly motivated to return to farming and show improved recovery with an earlier return to the farm. However, reluctance of professionals to encourage a return to work may present a barrier and affect access to services.

Although a number of strategies and facilitators to assist farmers with disabilities have been identified, notable gaps persist. Farmers value and rely heavily on personal attitudes and informal support strategies. However, formal systems, programs and resources often appear lacking, inaccessible or inappropriate. Some safety and prevention strategies have been offered, but gaps in appropriate rehabilitation and supports for farmers living with disability are scarce. Also, the majority of facilitators and strategies have been aimed at and tested within the U.S. population, leaving the perspectives of Canadian farmers with disabilities largely unaddressed. Moreover, strategies such as the 'toolbox' which has proved useful to farmers with disabilities, has largely focused on information on assistive

technology. Further research as to which additional resources would be useful for farmers with disabilities needs to be conducted.

What is clear is that the experiences of farmers with disabilities are unique and need to be further recognized and explored. Despite farmers' strong commitment to the farm, the value of informal supports in agricultural communities, and the resilience of farm families, added resources are critical to supporting farmers to successfully adapt to farm life and work with a disability.

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## **APPENDIX D**

### **An Environmental Scan of Resources and Supports to Manitoba Farmers Who Live with a Disability**

#### **1.0 Introduction**

Farmers facing the dual challenge of coping with a disability and maintaining a productive farm operation may look to their family, their social network, and/or their community and its agencies and organizations for support or assistance. The purpose of this scan is to review the formal supports offered by agencies and organizations that might be useful for a farm operator with a disability and for the farm family in Manitoba.

Services accessed by farmers with a disability may be generally described in five areas:

1. Services associated with the healthcare system including emergency and rehabilitation services
2. Vocational rehabilitation services
3. Services associated with rural life and managing an agricultural operation
4. Service or consumer organizations specific to a disability
5. Services associated with aging

Disability and healthcare services are linked. The onset of any disability is usually tied either to traumatic injuries that may be treated by emergency medical intervention, or to long-term health conditions for which a person may be receiving ongoing diagnostic and medical treatment services. Rehabilitation typically begins in the medical context with the provision of therapies: physiotherapy, occupational therapy, and speech and language therapy. The scan will briefly review the structure of Manitoba's healthcare system as it applies to assisting farmers with a disability. Vocational rehabilitation is another area of possible importance. This scan will outline Manitoba's legislated response to supporting workers with a disability and briefly examine other vocational rehabilitation resources. In addition to services designed to serve all Manitobans, there are some organizations specific to rural issues. The scan will include an examination of services

that are particular to farmers as members of Manitoba's rural population. This will include services that support farmers in general but may be of additional importance to a farmer needing to adapt his operation to accommodate a disability. Finally, persons with disabilities are often served by organizations that relate to their particular disabling condition. Disability organizations typically provide information specific to the disability and to coping with the unique aspects of the disability, as well as mentoring and/or psychological support. Therefore, the scan will briefly describe disability organizations in Manitoba and their rural service provision.

## **2.0 Services Associated with Health Care**

Manitoba's health care system consists of a broad network of services and programs. Overseeing this system is Manitoba Health, a department of the provincial government. The majority of health services are delivered through one of eleven Regional Health Authorities (RHAs) set up by the province to meet the local needs of Manitobans.

In this model, the RHAs are responsible, within the context of broad provincial policy, for assessing and prioritizing needs and health goals, and developing and managing an integrated approach to their own health care system. Under *The Regional Health Authorities Act* of 1997, both the Minister of Health and the RHAs are responsible for policy, assessment of health status, and ensuring effective health planning and delivery (Regional Health Authorities, n.d.).

The RHAs have responsibility for regional healthcare planning within a provincial framework of health. In establishing local priorities, each region must first ensure the provision of a full range of core services which are determined and funded by Manitoba Health and to which all Manitobans must have access (Core Health Services, n.d.). The list of core health care services includes health promotion/ education, health protection, prevention and community health services, treatment, emergency and diagnostic services, developmental and rehabilitation support services, home-based care services, long-term care, mental health services, substance abuse/addictions, and palliative care. While these services are available in some form from each RHA, there is variation in service delivery between regions and between communities within regions. Other services may be available only in some regions and some regions have developed specializations. For example, the Boundary Trails Health Centre in Morden-Winkler has developed a joint-replacement clinic that serves

patients from other areas in Manitoba. Following emergency and acute care services, the core services that may be relevant for farmers with a disability are 1) rehabilitation and support, 2) mental health, and 3) home care services.

## **2.1 Rehabilitation and Support**

**Rehabilitation Therapies** – Rehabilitation therapies must be available to residents of all regions. Rehabilitation services are designed to serve persons of all ages who have a congenital or acquired physical and/or cognitive disorder. Rehabilitation is directed to improving or maintaining a person's mobility, ability to manage self-care and to fully participate in their family, community and workplace or school. Services include physiotherapy, occupational therapy, audiology, respiratory therapy, speech/language pathology and recreational therapy. Physiotherapy, occupational therapy, audiology and respiratory therapy are provided in all or most regions. Speech and recreational therapy are provided in some regions. Tertiary rehabilitation services, that is, services provided within a rehabilitation hospital setting, are provided only in Winnipeg, as are orthotic and prosthetic devices.

Occupational therapy and physiotherapy are of particular interest when considering farmers with disabilities. Physiotherapy is the treatment of physical disability caused by disease, injury, overuse, or pain. The goals of physiotherapy are to improve and maintain functional independence and physical performance, to prevent and manage pain, physical impairments, disabilities and limits to participation; and to promote fitness, health and wellness (Canadian Physiotherapy Association, 2001-2006). The purpose of occupational therapy is to promote and maintain optimal occupational performance where occupational performance refers to everything a person does to safely and effectively perform the activities necessary for self-care, productivity and leisure within their physical, social, cultural and institutional environment (Occupational Therapy, 2004).

When the circumstances leading to hospital admission include a disability, rehabilitation therapies may be provided as a component of in-patient services. Post discharge, therapy may continue on an outpatient basis for a limited time. In Manitoba, rural persons requiring more intense or long-term medical treatment or rehabilitation may be admitted to a health care

facility outside their home community for specialized care. There, patients would have access to all therapies offered within the centre. Persons with a disability who are not hospitalized may access therapy services by referral of their physician or by self-referral. However, Manitoba Health does not cover the cost of those services.

**Rehabilitation Engineering** – The Rehabilitation Engineering (2002) department at the Health Sciences Centre (HSC) helps clients to achieve the highest possible level of independence through the use of orthotic, electronic, mechanical, and assistive technology devices. They have two divisions: the Orthotic Division and the Electronic and Mechanical Assistive Technologies Division (EMAT). The Orthotic Division designs and is responsible for producing custom-made orthotic devices for both daily living and specialty uses. EMAT provides specialized electronic and mechanical aids for adults with physical disabilities (EMAT, 2002). This may involve the modification of commercial equipment or the custom design and fabrication of specialized devices. For example, clients may require automotive adaptations, scooter and wheelchair modifications and seating, communication aids, or other devices to enhance daily living (Rehabilitation Engineering, 2002). They may also need environmental control systems that can be developed to give a person independent use of the telephone, television, VCR, door locks, bed, intercom, lights, fans and other devices (EMAT Update, 2000). The EMAT website includes a catalogue of devices developed in each division (EMAT Catalogue, 2002). All Manitobans can access the department directly or through their rehabilitation agency, therapist, or physician.

## **2.2 Mental Health Services**

The eleven Regional Health Authorities (RHAs) are responsible for the delivery of core mental health services to clients. Known as Community Mental Health Services, RHAs provide comprehensive assessment, case management, rehabilitation/treatment, supportive counselling and crisis intervention, community consultation and education designed to assist people with mental health difficulties to develop coping and living skills and obtain other community services needed to meet their living needs and personal goals (Guide to the Mental Health System in Manitoba, n.d.). Services are delivered through the Community Mental Health Program by a variety of specialists including community mental health workers, intensive

case managers, and employment development counsellors and proctors<sup>4</sup>. Community mental health workers may be occupational therapists, nurses, or social workers by profession. The work of employment development counsellors is discussed later under vocational rehabilitation.

## **2.3 Home Care**

The Manitoba Home Care Program (n.d.) is a community-based program that provides home support to individuals, regardless of age, who require health services or assistance with activities of daily living. Home care works with individuals and provides assistance to help them stay in their homes for as long as is safely possible. A professional assessment of individual needs, existing supports and community resources determines eligibility for the Manitoba Home Care Program and the type and amount of services provided. The Manitoba Home Care Program is responsible for ensuring the provision of reliable and safe services in the home, education setting, or workplace to meet the needs specified in the individual care plan. To be eligible for the Manitoba Home Care Program an individual must: be a Manitoba resident, registered with Manitoba Health; require health services or assistance with activities of daily living; require service to stay in their home for as long as possible; and require more assistance than that available from existing supports and community resources.

The Manitoba Home Care Program supports may include: Personal Care Assistance, Home Support, Health Care, Family Relief, Respite Care, Supplies and Equipment, Adult Day programs and Volunteer Services. Direct service workers provide Personal Care Assistance and Home Support by helping with mobility, personal hygiene routines, light housekeeping, and meal preparation. Health care may be provided by nurses in the areas of health teaching, counselling, and nursing care. Physiotherapists may provide special exercises and occupational therapists may assist with planning activities of daily living. A direct service worker may be arranged to provide short periods of in-home relief for the family caregiver. Respite care may be arranged to provide longer periods of relief for the family caregiver. Some supplies and equipment may also be available through home care. In addition, day programs facilitate social

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<sup>4</sup> Proctors are individuals working on a casual basis under a Community Mental Health Worker who provide individual support in the areas of living and working (LMAPD Baseline Report, 2004-2005, pp 14-21).



interaction and participation in recreational activities outside the home. There are fees for respite and adult day services.

## **2.4 Other Manitoba Health Insured Benefits**

The above describes services that would be available for individuals who encounter a disabling condition. The following briefly outlines the Ancillary Programs (*Info Health Guide*, n.d., *Are You Covered*, n.d.) covered by the Insured Benefits Branch of Manitoba Health that might be relevant for farmers with a disability.

**Prosthetic and Orthotic Program** – “All Manitoba residents who require prosthetic or orthotic services, as prescribed by a medical practitioner, are eligible... In most cases, Manitoba Health will pay 100% of the cost of limb prosthetic devices and services and limb and spinal orthotic devices and services.” (*Are You Covered?* n.d.)

**Telecommunications Program** – “All Manitoba residents who are profoundly deaf or speech impaired are eligible... Manitoba Health will provide assistance towards the cost of telecommunications equipment that allows telephone conversations to be conducted by keyboard and display terminal instead of voice. Manitoba Health will pay 80% of the equipment cost to a maximum allowable rebate of \$428.00.” Reimbursement for one telecommunications device may be provided every five years. There is a \$75.00 deductible on all claims (*Are You Covered?* n.d.).

**Prosthetic Eye Program** - All Manitoba residents who require artificial eyes or cosmetic shells as prescribed by a physician are eligible for rebates. Manitoba Health will pay up to a maximum determined amount for artificial eyes or cosmetic shells and related services including building up, refitting, resurfacing and repolishing. Eligible Manitoba residents may claim one device every 2 years. No deductible is required (*Are You Covered?* n.d.).

**Pharmacare** – Pharmacare (n.d.) is a drug benefit program for any Manitoban, regardless of age, whose income is seriously affected by high prescription drug costs. Pharmacare (n.d.) coverage is based on both the total family income and the amount paid for eligible prescription drugs. There is an annual deductible based on the annual family income. All Manitobans eligible for Manitoba Health coverage whose prescriptions are

not paid through other federal or provincial programs or private drug insurance programs are eligible for Pharmacare coverage if their eligible prescription drug costs exceed the Pharmacare deductible.

## **2.5 Private & Non-Profit Insured Health Benefits**

In addition to the therapy and home support services provided by Manitoba Health, persons may have access to private services through the provisions of their private health, disability or accident insurance plans. Depending on the origin of their disability, they may also have the cost of some health-related services covered by Manitoba Public Insurance (MPI) or the Workers Compensation Board (WCB). Community Therapy Services (CTS) is a private, non-profit agency that provides rehabilitation services throughout Manitoba across the continuum of care (Community Therapy Services Inc., n.d.). The CTS agency is a source of direct services in occupational therapy, physiotherapy, and speech language pathology.

## **3.0 Vocational Rehabilitation Services**

Vocational rehabilitation services support the return-to-work of persons with disabilities. These services are provided by a number government, non-government and private sources. The Government of Canada and the Provinces and Territories have offered many programs over the years to assist persons with disabilities. Beginning in 1962, agreements between those levels of government have established funding arrangements to ensure the provision of comprehensive programs for vocational rehabilitation of persons with disabilities (*LMAPD Baseline Report, 2004-2005*). The most recent agreement, the Labour Market Agreement for Persons with Disabilities (LMAPD) came into effect April 1, 2004 and continued until March 31, 2006. This agreement identified priority areas to be addressed by programs and services and allowed Provinces and Territories the flexibility to determine their funding initiatives within the outlined priorities. Canada originally agreed to contribute 50 percent of the expenditures that Manitoba incurred in providing eligible programs but added to its funding commitment in March 2004. The result was a federal contribution of \$8,965 million annually over two years for services to enhance the economic participation of working age adults with disabilities in the labour market by helping them overcome barriers to employment.

In Manitoba, the components of LMAPD programming are Vocational Rehabilitation Programs, Mental Health Programs, Addictions Programs, Community-Based Employability projects, and CareerOptions for Students with Disabilities (LMAPD, 2004-2005, p. 4). Of potential interest to this project are the Vocational Rehabilitation Programs offered through Manitoba Family Services and Housing and Mental Health Programs under the direction of Manitoba Health.

### **3.1 Vocational Rehabilitation Program**

The Vocational Rehabilitation Program of Manitoba Family Services and Housing (FSH) offers a wide range of employment-focused services to assist adults with disabilities in preparing for, obtaining, and maintaining employment (Vocational Rehabilitation, n.d.). This program is available for any person with a mental, psychiatric, learning or physical disability, who is 16 years of age or older, a resident, legally entitled to work in Manitoba, and who demonstrates a willingness to prepare for, obtain and maintain employment. The service includes vocational counselling, assessment, vocational planning, training, and/ or direct employment services. It also offers support services to accommodate disability-related barriers to employment and may include supported employment, disability-related education expenses, sign language interpreting, and the provision of technical aids and devices<sup>5</sup>, special equipment, or building or vehicle modifications. The Individual Vocational Rehabilitation Training Fund may be accessed for disability related supports such as special equipment and adaptive devices, tutoring, medical and psychological assessments, sign language interpretation, wage subsidies, educational support and transportation. Vocational Rehabilitation Program benefits available for persons acquiring employment are equally available to persons engaged in self-employment or home-based employment (Vocational Rehabilitation Program Operating Manual, n.d., Section 155.2).

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<sup>5</sup> Technical devices may include: adaptations to wheelchairs or specialized wheelchairs; tactile reading devices; optical character readers - audio, Braille, tactile; computers and related personal access systems; closed circuit television readers; print to Braille and Braille to print hardware and software; tape recorders (generally four track); calculators to meet specific disability needs; telephone devices for the deaf; communication devices (Bliss /hearing aids); and orthotic devices (e.g. writing splints)

The Vocational Rehabilitation Program of employment-focused services for people with a mental, psychiatric or learning disability is provided by Vocational Counsellors in Manitoba Family Services and Housing (FSH) regional offices. Three designated agencies receive provincial funding to deliver services to specific disability groups. Individuals with spinal cord injuries receive vocational rehabilitation services through the Canadian Paraplegic Association (CPA). Individuals with other physical disabilities, including deaf or hard of hearing, are served by the Society for Manitobans with Disabilities (SMD). The Vocational Rehabilitation Program also has Service Purchase Agreements with seven non-profit centres each delivering employment support programming to a particular disability group. Each of the designated service agencies provides a comprehensive service package that is discussed more fully in the disability organizations section of this scan. The vocational rehabilitation component of each organization usually consists of a worker with expertise in the area of assisting a person with a disability establish a vocational goal, then seek and maintain employment.

In addition to the aforementioned services, the Vocational Rehabilitation Program was expanded in 2000/2001 to include two new service options: School to Work Transition<sup>6</sup> and Self-Directed Vocational Rehabilitation (Vocational Rehabilitation Program Operating Manual, n.d.). The self-directed option provides persons with disabilities a choice in how they apply for Individualized Vocational Rehabilitation Funding. The choice allows eligible participants, who do not want or need assistance from a vocational counsellor, the opportunity to submit a request for financial assistance. A Self-Directed Vocational Rehabilitation Handbook for Applicants is available to assist applicants and includes the necessary forms for determining service eligibility and service plan requests. A review committee consisting of community representatives and Manitoba Family Services and Housing Vocational Rehabilitation staff review self-directed applications and forward recommendations to the Service Delivery Support Branch.

There is recognition from the government that rural residents may encounter geographic disadvantages in securing vocational rehabilitation services. Alternative Services is a funding option that provides a mechanism for any Evaluation and Work Training Centre to deliver services

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<sup>6</sup> This option is intended for persons with developmental difficulties.

outside of its normal geographic area provided it can be demonstrated that the costs are less than the costs of reimbursing the participant(s) for commuting or for covering short-term living arrangements. The program may also consider purchase of services from other suppliers provided costs are more economical and quality standards are not compromised (Vocational Rehabilitation Program Operating Manual, n.d.).

### **3.2 Vocational Rehabilitation and Mental Health**

Mental health consumers receive assistance from either the FSH vocational rehabilitation worker or the mental health service system through their RHA. Employment activities funded under the LMAPD within the context of mental health services can be divided into three categories: those provided directly through Manitoba Health, those delivered by Regional Health Authorities and those provided by external agencies and funded by a Regional Health Authority. The mental health approach to employability is described as “Choose, Get and Keep”. “Choose” refers to the selection of a job compatible with the participant’s values and expectations. “Get” is the acquisition of a job from an employer in a desired work setting. “Keep” activities maintain the success and satisfaction of the employee through enhancement of the participant’s skills and supports (LMAPD Baseline Report, 2004-2005, p. 14). Manitoba Health directly funds the Selkirk Mental Health Facility. A primary goal of the Selkirk Mental Health Centre is to provide pre-employment services in the “choose” phase. Manitoba Health is also responsible for the overall standards in province-wide programs and for the evaluation of outcomes for individuals involved in employment-related programs, services and initiatives. It provides financial support to the Regional Health Authorities for services provided to the community.

The eleven Regional Health Authorities (RHAs) are responsible for the delivery of core mental health services to clients. Mental health services are delivered through the Community Mental Health Program and are administered by Community Mental Health Workers, Intensive Case Managers and Employment Development Counsellors and Proctors. Employment Development counsellors assist adults with psychiatric disability in choosing, getting and keeping a job. Other programs include a Program of Assertive Community Treatment (PACT) team that assists individuals with severe and persistent symptoms of mental illness to select, secure and maintain employment. Proctors are individuals working on a

casual basis under a Community Mental Health Worker who provide individual support in the areas of living and working (LMAPD Baseline Report, 2004-2005, pp 14-21).

The Eden Mental Health Centre (Winkler) is an example of mental health service delivery provided by the Central RHA (Eden Health Care Services, n.d.). It is a division of Eden Health Care Services that operates a continuum of mental health services including employment preparation related services. Clients interested in employment are referred to Eden's Segue Career Options, the vocational division of Eden health Care Services. Segue Career Options provides employment activities in all of the "choose, get and keep" stages.

### **3.3 Federal Provisions for Vocational Rehabilitation**

In addition to provincial services, persons who qualify for **Canada Pension Plan (CPP) Disability** coverage may participate in the Canada Pension Plan Disability Vocational Rehabilitation Program (Disability Vocational Rehabilitation Plan, 2003). Although contribution to CPP is not mandatory for farmers, they may participate and therefore be eligible for CPP disability benefits. CPP legislation defines disability as a condition, physical and/or mental, that is "severe and prolonged". "Severe" refers to a mental or physical disability that regularly stops a person from doing **any** type of work (full-time, part-time or seasonal). "Prolonged" means the disability is likely to be long term, or is likely to result in death (Disability Vocational Rehabilitation Plan, 2003). In the past, many people receiving benefits because of a severe and prolonged disability were considered to be permanently out of the work force. Today, new technology, medical treatments and skills training provide increased options for people with severe disabilities. Therefore, the Canada Pension Plan is making vocational rehabilitation available. One rehabilitation option is to help individuals gain skills for self-employment.

### **3.4 Non-Governmental Sources of Vocational Rehabilitation**

In addition to governmental sources, there are two other streams of vocational rehabilitation: one is related to disability insurance providers and the other involves non-government agencies that also include support for employment in their mandates. Insurance providers may offer vocational rehabilitation services to support the return to work of claimants.

**Workers Compensation Board** - Some farmers may have private disability insurance coverage and some may have 'opted in' to the coverage offered by the Workers Compensation Board (WCB). Although WCB coverage is mandatory for workers in most industries, it is optional for farmers. In Manitoba, the Workers Compensation Board (WCB) is legislated to administer compulsory, no-fault insurance for workplace injuries. WCB coverage insures wages and is responsible for additional medical rehabilitation costs. In addition, since 1953 vocational rehabilitation has been a part of the service provided to insurance claimants. Vocational rehabilitation goals are generally outlined by practitioners in hierarchical terms with a return to the same employer and the same work at the top of their list, followed by adapted work with the same employer. WCB handled claims from 50 farmers or farm workers in 2005 and 60 in 2004<sup>1</sup>.

**WORKink Manitoba** - An additional employment-related resource for persons with a disability is WORKink Manitoba. WORKink Manitoba (2006) is a virtual employment resource centre for job seekers with disabilities. Supported by the Canadian Council on Rehabilitation and Work and the Government of Canada, it offers current information regarding the Manitoba labour market, local trends and employment issues. WORKink Manitoba is a one-stop resource shop for job seekers, employers, career practitioners, entrepreneurs with disabilities, and Aboriginal people with disabilities. WORKink is also an online recruitment centre, where employers can post jobs and search resumes, and job seekers can easily apply online to jobs in their area.

#### **4.0 Services Associated with Rural Life and Managing an Agricultural Operation**

A recent forum of farm stress counsellors across Canada, sponsored by the Canadian Agricultural Safety Association and the Canadian Farm Business Management Council, identified key recommendations that emphasized the importance of having farm service providers with an understanding of agricultural issues (National Call for Help from Farm Stress/Family Support Providers, 2005). Therefore the following rural resources are of special importance to farmers requiring services. Included is a description of a service organization specifically for farmers with a

disability. In addition, as rural Manitobans, farmers have access to some resources designed specifically for rural residents and a large number of organizations whose purpose is to support the agricultural industry through safety programming, crop and market information, rural community capacity building, business development, and financial services.

#### **4.1 Manitoba Farmers with Disabilities (FWD)**

Manitoba Farmers with Disabilities (FWD) is a voluntary, peer support organization with its office located in Elm Creek, MB. It is one of a group of province-based organizations throughout Canada. Funding for these groups is dependent on the initiative and creativity of their executives and varies from province to province. In Manitoba, FWD is supported by a variety of private commercial, financial and philanthropic interests. FWD offers a support and information groups on topics of interest to their members (Manitoba Farmers with Disabilities, 2006). Their services include peer counselling, an on-line newsletter and an on-site video and library resource. They provide public education on disability and offer injury prevention and safety information. FWD members are regular contributors to Farm Safety Camps that are offered in rural areas throughout the province. FWD members act as mentors for those who are newly disabled, sharing information and encouragement. Members, who are amputees, are called upon to make hospital visits to provide peer support and counsel to new amputees. Referrals to FWD are usually by word of mouth from farmer to farmer. FWD is in the process of developing a catalogue of adaptive farm tools that have been created by farmers for their own use.

In Saskatchewan, Farmers with Disabilities operates with similar goals and provides parallel services to farmers in that province (Saskatchewan Abilities Council, 2006). Saskatchewan Farmers with Disabilities operates under the umbrella of the Saskatchewan Abilities Council. The Abilities Council works with people of varying abilities throughout the province to enhance their community participation and independence by providing vocational, rehabilitation and recreational services. The Farmers with Disabilities website is an additional resource for the Manitoba farmer. The site offers: “Changing Gear”, a machinery modification catalogue; “HANDIFARMER”, a newsletter; and other informational brochures on topics of interest to the farmer with a disability.

#### **4.2 Canadian Farmers with Disabilities Registry**



The Canadian Farmers with Disabilities Registry (CFWDR), formed in January 1997, is a national organization that promotes farm safety and provides resources and encouragement to disabled farmers and their families (Canadian Farmers with Disabilities Registry, 2004). The provinces of Alberta, New Brunswick, Newfoundland, Nova Scotia, Ontario, Manitoba, Prince Edward Island, Quebec and Saskatchewan are represented. The purpose of the registry is to establish where and how farm accidents happen and the types of disabilities sustained, to provide meaningful statistics for the development of future farm safety initiatives and to identify support programs required for those with disabilities. By working in conjunction with Farm Credit Canada (FCC), the Registry supported the development of the disability insurance provided by FCC. The registry captures information on a range of disabilities from disease, loss of sight or hearing to amputations and paralysis. Information is accumulated from those who join the registry. Farmers associated with provincial organizations are encouraged to join the national one. As membership is voluntary, it is not necessarily representative. The statistics produced are for the use of the organization and are not published as a statistical profile.

### **4.3 AgrAbility**

AgrAbility is an American resource for farmers with disabilities (AgrAbility Project, 2000-2006). It provides an online resource with extensive information on assistive technology for farmers. Assistive technology commonly refers to both assistive and adaptive devices, which may be either high or low technology, and various services such as evaluations, fabrication and training. Examples of high through low technology assistive devices which farmers and ranchers with disabilities might find beneficial, could range from mounted chair lifts to easy grip hand tools respectively. The site, which is readily accessible by Manitoba farmers, offers descriptions and/or links to a wide variety of commercial and do-it-yourself adapted tools and technical resources. Farmers can find information on resources, tips for modifications, product comparisons as well as inspiring stories of farmers coping with disabilities, and information on secondary illnesses and injuries.

#### **4.4 Manitoba Farm and Rural Stress Line**

The Manitoba Farm and Rural Stress Line (MFRSL) has been providing information, support, counselling and referrals to farm and rural families throughout the province since December 2000 (Manitoba Farm and Rural Stress Line, 2003-2006). The Stress Line is funded by Manitoba Health as part of their mental health division. The MFRSL is one of several off-site programs that are administered by the Klinik Community Health Centre. In addition to their professional training and farm background, MFRSL counsellors receive training from Klinik to prepare them for the challenges of phone line counselling. MFRSL also works in close cooperation with the department of Manitoba Agriculture, Food and Rural Initiatives (MAFRI). Research has shown that awareness of the Farm and Rural Stress Line is very good, with 90% of Manitoba farmers indicating they are aware of the service (National Stress and Mental Survey of Canadian Farmers, 2005). The MFRSL Annual Report for 2005 indicated call volumes for 2005 totalled 1,857 (Manitoba Farm and Rural Stress Line Annual Report, 2005). Of those, 258 calls (13.9%) were self-identified as farm calls and 1,444 (77.8%) were rural calls. Similarly, summary data for the five-year period between 2001 and 2005 indicated 1,114 (16.3%) were self-identified farm calls and 5,326 (77.8%) were calls from rural areas. Over the past 5 years the majority of callers were from Central Region. Those regions with the greatest number of calls were Central (620), Interlake (354) Burntwood (236) and North Eastman (231). Although women make the majority of calls to the MFRSL (1,385 from women and 482 from men in 2005), the gender breakdown for farm calls is reversed. For farm calls in 2005, the gender breakdown was 156 from men to 94 from women. The majority of callers are in the 51-64 year age group followed by callers in the 36-50 year age group. MFRSL counsellors respond to a wide variety of issues including but not limited to farm stress, financial concerns, personal problems, relationship issues, addictions, domestic violence, grief and loss, mental health concerns and suicide. In 2003 and 2004, over half (140 in each year) of all farm calls were related to the BSE crisis. Consumers may be assisted directly by the stress line counsellor, and may continue to be involved with the counsellor for a series of calls. Consumers may also be referred to a more specialized resource. Common referrals are to the business development specialists in the MAFRI offices or GO Centres<sup>7</sup> for

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<sup>7</sup> The structure of MAFRI offices or GO Centres is described later under Manitoba Agriculture, Food and Rural Initiatives.

help addressing financial concerns, to the community mental health units, or to low-cost or no-cost counselling services in the consumer's home area.

#### **4.5 Manitoba Women's Institute**

Manitoba Women's Institute (WI) is a provincial rural women's organization dedicated to personal development, family, agriculture, rural development, and community action (Manitoba Women's Institute, 2006). While not directly associated with farmers living with a disability, WI has taken an active role in addressing inequities between the availability of rural and urban services. The organization has been an advocate in agricultural issues, a representative for farm families and a champion of farm safety. In the past, Manitoba WI has advocated for rural breast screening, midwifery, the Manitoba Farm and Rural Stress Line and health care reform. They have conducted studies and pilot programs into options for farm and rural childcare and worked for school bus safety legislation and other child safety initiatives. Their agriculture related advocacy has focused on the delivery of crop insurance, income tax reform, and grain transportation among other issues. WI is a valuable resource for its ability to connect farm women to a network of their peers. The interest of the WI in health care, service inequities and farm issues suggests a natural connection to farmers with disabilities.

#### **4.6 Manitoba Agriculture Food and Rural Initiatives**

Manitoba Agriculture Food and Rural Initiatives (MAFRI) is the primary arm of the provincial government supporting the province's farmers. The mission of the department is to create a supportive environment that advances the greater prosperity and stability of Manitoba farm families, other Agriculture, Food and Rural Initiatives partners, and rural communities (Manitoba Agriculture Food and Rural Initiatives, n.d.). Within a sustainable agriculture framework, MAFRI provides leadership and a range of information, programs and services. Related to farmers living with disabilities, the department promotes information on farm safety directly through its website and indirectly through its support of other farm and workplace safety initiatives.

MAFRI has recently adopted a new and uniquely Manitoban structure for its service delivery. After extensive consultation with staff, industry and

community members, MAFRI has reorganized to reflect “Growing Opportunities” a proactive approach to meeting the needs of the modern agriculture industry, farm families and rural Manitoba. The new approach endeavours to facilitate access to a greater range of specialists and specialized services as a result of the establishment of Growing Opportunities Teams (GO Teams) located throughout the province. GO Teams consist of two or three GO Centres and GO Offices. GO Centres offer a range of specialized services and GO Offices provide priority local services by tapping into the expertise of their GO Team.

For long-term adaptation of a farm operation, a farmer with a disability might access the Business Development Specialist in the area GO Centre or Office to get information and explore value added or diversification possibilities. The Farm Production Advisor might also be a useful resource if the farmer is looking at changes to the farm operation. Safety information and farm community supports are available through the Rural Leadership Development Specialists in each of the Go Centres or Offices.

In addition to its directly affiliated service offices, MAFRI is connected to a number of boards and crown corporations that serve the interests of the agricultural community. Some of these may be a resource to farmers experiencing a financial crisis.

**Manitoba Farm Mediation Board** - The Manitoba Farm Mediation Board can assist farmers who are in dispute with creditors to avoid legal action and improve farm viability. They are also able to provide Special Farm Assistance in the form of financial guarantees to producers in financial distress in order to assist them in sustaining their farm operation (Manitoba Farm Mediation Board, 2006).

**Manitoba Agricultural Services Corporation (MASC)** - MASC provides risk management and loan guarantees and may be available to provide loans to financially assist a farmer with a disability (Manitoba Agricultural Services Corporation, n.d.).

**Farm Machinery Board** - If a financial crisis resulted in the possible repossession of farm machinery, the Farm Machinery Board would be available to provide information on warranties, repossession procedures and financial arrangements (Farm Machinery Board, 2005).

## 4.7 Community Futures Development Corporation

Community Futures Development Corporations (CFDC) operate in rural areas throughout western Canada under Western Economic Diversification Canada (WD). Manitoba is served by 17 CFDC offices located throughout the province (Community Futures Partners of Manitoba, 2006). CFDCs take a grassroots approach to community and economic development and are primarily focused on creating jobs outside major urban centres. Each regional CFDC is a non-profit corporation run by a volunteer board of directors, supported by salaried staff. The mandate of the corporations is community and business development. Each CFDC delivers a variety of services ranging from strategic economic planning, technical and advisory services to businesses, loans to small and medium-sized businesses, self-employment assistance programs, and services targeted to youth and entrepreneurs with disabilities. Of potential interest to farmers are the self-employment benefit program and the entrepreneurs with disabilities program.

The Self-Employment Benefit Program is delivered as a result of a partnership between CFDCs and Manitoba Advanced Education and Training. To be eligible a person must be in receipt of Employment Insurance (EI), or have received EI in the past 3 years or be receiving Social Assistance. Under the Self-Employment Program, individuals may qualify for business training and financial assistance to start and operate their own business. The major objective of the program is self-sufficiency through self-employment. The local Manitoba Advanced Education and Training official determines eligibility and funding.

The Entrepreneurs with Disability Program (EDP) offers rural Manitobans: help to develop customized business plans, mentoring and counselling services, training in business management, one-on-one assistance, help to identify needs for specialized equipment and the assistance needed to acquire it, and access to capital (Rural Entrepreneurs with Disabilities Program, n.d.). Entrepreneurs with a physical or mental impairment restricting their ability to perform some of the basic activities of self-employment may qualify for services under this program. This fund provides repayable loans up to a maximum of \$125,000 with a minimum of 10% equity from the borrower.

Terms are flexible and the interest rate is comparable to other lending institutions.

To augment direct program support, staff of several Manitoba CFDCs developed an extensive resource guide for entrepreneurs with disabilities. The resource guides are available free of charge from CFDC offices in Manitoba.

#### **4.8 Farm Credit Canada**

In addition to provincial business and finance organizations, farmers may receive financial services from Farm Credit Canada (FCC) a federal crown corporation dedicated to the agricultural industry [Farm Credit Canada (FCC), 2006]. FCC is Canada's largest agricultural term lender. Their AgrAssurance is a creditor insurance program that was developed in response to the needs of farmers with disabilities as a result of injuries. Farmers choosing to have their loans insured are automatically insured for disability as well as death<sup>ii</sup>. In the case of injury, the level of loan forgiveness is dependent on the nature of the resulting impairment (e.g. double dismemberment coverage is for up to 100% of a loan to a maximum of \$500,000, single dismemberment up to \$100,000).

#### **4.9 Farm Injury Prevention Organizations**

There is national concern related to the rates of injury and illness among agricultural producers. A number of organizations have arisen to address that concern and promote health and safety on the farm.

**Canadian Agricultural Safety Association (CASA)** - CASA was established in 1993 to act as a national farm safety networking and coordinating agency to address problems of illness, injuries and accidental death among farmers, their families and agricultural workers (CASA-ACSA, n.d.). They do this indirectly.

**Canadian Agricultural Safety and Health Program (CASHP)** – CASA's administrative arm is CASHP that funds community injury and fatality prevention projects [Canadian Agriculture Safety and Health Program (CASHP), n.d.]. At the local level, this may include some of the Farm Safety Day Camps conducted in Manitoba with the support of Manitoba Farmers with Disabilities.

**Canadian Agricultural Injury Surveillance Program (CAISP)** – CAISP is also funded by CASA. CAISP (Canadian Agricultural Injury Surveillance

Program, n.d.) has partners in each province that are coordinated from a national office at Queen's University. This organization is the primary Canadian source of information related to injuries and fatalities among farmers. Their reports are published on the web and they have a history of readily sharing their information with interested Manitoba groups. Dr. Will Pickett (Community Health & Epidemiology and Emergency Medicine, Queen's University, Kingston, Ontario) has been a primary CAISP contact for Manitoba Farmers with Disabilities.<sup>iii</sup>

## **5.0 Service or Consumer Organizations Specific to a Disability**

In Canada, the social safety net provides some supports where eligibility is dependent upon disability. These programs attempt to help people meet the challenges of living with a disability by addressing the areas of income, housing, transportation and family life. This includes some federal/provincial financial assistance programs and home modification programs. In addition, there are non-government agencies dedicated to the support of individuals with disabilities and more often organizations dedicated to the support of individuals with specific disabilities. The list of disability specific organizations is extremely comprehensive and diverse and this scan will include only those organizations relating to the more frequently occurring disabling conditions.

### **5.1 Income Assistance for Persons with Disabilities Program**

In Manitoba, any person without an income may be eligible for financial assistance provided through the Employment and Income Assistance (EIA) program. In addition, the Income Assistance for Persons with Disabilities Program provides financial and employment assistance specifically for adults with a disability who are receiving EIA. This additional financial assistance is provided in recognition of the additional costs associated with living in the community for persons with disabilities (Employment and Income Assistance Facts, n.d.).

As well, persons enrolled in the Persons with Disabilities category, may receive the following extra assistance: an automatic allowance of \$80.00 per month for persons living in the community (the Income Assistance for Persons with Disabilities benefit); wheelchair users may receive 24 passes per year to get transportation for social trips; an allowance for basic telephone rental costs for medical reasons; a monthly amount for coin

laundry when an individual lacks access to a washer and dryer and an earnings exemption, i.e. allowable retention of a portion of monthly earnings. Additional funds may also be available for work clothing, work transportation and childcare.

## **5.2 Residential Rehabilitation Assistance Program For Persons With Disabilities (RRAP)**

The Residential Rehabilitation Assistance Program For Persons With Disabilities (RRAP) offers financial assistance to homeowners and landlords by providing a forgivable loan to pay for modifying houses or rental units to meet the needs of occupants with disabilities (Residential Rehabilitation Assistance Program for Persons with Disabilities, n.d.). This program is cost shared by CMHC and by the Manitoba Housing and Renewal Corporation –Affordable Housing. Assistance is provided in the form of a forgivable loan of \$16,000 to \$19,000 depending on location (RRAP-Disabilities 1996-2006). To be eligible, changes/modifications must relate to housing and be reasonably connected to the occupant's disability. Most modifications that make it easier for the occupant with disabilities to live independently are eligible for funding. These include items such as a ramp, chair lift, bathtub lift or wheel-in shower, and height adjustments to kitchen workspaces, cupboards and handrails. This assistance is means tested. Homeowners qualify if their home is valued at less than \$125,000 and their total household income is below the Housing Income Limit (HIL) for their area and family composition (Housing Income Limits, n.d.) For example, in such communities as Carman, Morden and Winkler the HIL is \$19,500 for one bedroom occupancy, \$24,500 for two bedrooms, \$29,000 for three bedrooms and \$32,500 for 4 or more bedrooms.

## **5.3 Independent Living Resource Centre (ILRC)**

The Independent Living Resource Centre (ILRC) describes itself as “a consumer controlled organization that promotes and enables citizens with disabilities to make choices and take responsibility for the development and management of personal and community resources” (Independent Living Resource Centre, 2006). ILRC is a community-based, cross-disability, cross-age organization working to support people with disabilities throughout Manitoba. Using the Independent Living philosophy, ILRC promotes the rights of persons with disabilities to make choices, decisions, take risks and to be accountable for them. With more than 20 programs



and projects, ILRC delivers options and opportunities that address the holistic needs of a person or people with disabilities in becoming full citizens.

The ILRC has four core programs: Information and Referral, Peer Support, Self-Advocacy and Research and Development. Information and Referral is a program that responds to consumers' request for information ranging from accessible housing, financial supports, services available to people with disabilities and any other topics related to consumers and independent living. Peer Support/Independent Living Skills offers support and knowledge to consumers from consumers; peer sharing in personal experiences and mentorship to support the development of skills in daily living or independent living. Self-Advocacy provides direction, support and encouragement to consumers who are struggling with daily living challenges or bureaucracies. This program closely works with IL Skills in delivering Advocacy workshops. A number of newer programs are listed in the research and development category. Those that are related to employment include: a) Navigating the Waters - uses the Independent Living Philosophy to assist individuals with disabilities seeking employment/volunteer work or self-employment; b) Urban Entrepreneurs for Disabled People – provides information, support and up to \$75,000 to people with disabilities who are interested in starting their own business in Winnipeg<sup>8</sup>; c) Volunteer Training – provides opportunities for volunteers with disabilities to develop and experiment with acquiring new skills, which could enable the volunteers to take those skills into the community. ILRC operates provincially from a central Winnipeg location. Their workers travel to provide services wherever they are required. They also rely on connecting to rural clients by telephone and e-mail.<sup>iv</sup>

#### **5.4 Persons with Disabilities Online**

Persons with Disabilities Online (2006) is an internet resource that offers information related to accessibility, advocacy, assistive technology, community and citizen participation, employment, health & safety, housing, income tax benefits, learning and skills development, recreation and active living, transportation and travel and a reference library. It also includes information related to seniors. Although this is a Government of Canada

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<sup>8</sup> Entrepreneurs with Disabilities Program - Winnipeg, Manitoba is a program of Western Economic Diversification Canada (WD) ([http://www.wd.gc.ca/default\\_e.asp](http://www.wd.gc.ca/default_e.asp)). The ILRC is contracted by WD to deliver this program to Winnipeg residents.

site, information is province specific. The site provides access to a downloadable copy of the *Services for People with Disabilities: Guide to Government of Canada Services for People with Disabilities and their Families (2006)*. There are a variety of disability service related links.

## **5.5 Society of Manitobans with Disabilities (SMD)**

Dedicated to assisting persons with permanent physical disabilities, the Society of Manitobans with Disabilities (SMD) promotes the participation and equality of people with physical disabilities by providing a range of rehabilitative services and encouraging integration in the community (SMD, n.d.). Reaching all ages, SMD offers programs for children and adults across physical disabilities. SMD also endeavours to work cross-culturally offering services in 14 languages. SMD's Adult Services include case management and counselling but also provide a variety of employment preparation activities. The Vocational Assessment program is part of the Employment Preparation Centre and provides assessment, training and services. Employment Services works with both prospective employers and employees to eliminate barriers to employment. This includes exploration of job accommodation and technical aids such as ergonomic seating. Services for the deaf and hard of hearing have been developed within the context of that community to effectively meet the identified needs. SMD provides a number of related programs including a parking permit program, wheelchair services and travel accommodation. Their Community Education and Training program strives to change how governments, corporations, small businesses, non-profit organizations and others involve people with disabilities in their day-to-day operations and in their long-term plans. The provincial government has made all vocational rehabilitation for persons with physical disabilities<sup>9</sup> including deaf and hard of hearing the responsibility of SMD. SMD operates from a central location in Winnipeg with outreach offices in Thompson, Morden, Steinbach, Brandon, Selkirk and Dauphin. Local workers deliver services within their area supervised from their Winnipeg office.

## **5.6 Canadian Paraplegic Association (CPA)**

The Canadian Paraplegic Association (Manitoba) Inc. (CPA) provides a wide range of support services, primarily to spinal cord injured persons, to

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<sup>9</sup> With the exception of the visually impaired and those with a spinal cord injury.

promote independence, self-reliance and full community participation (Canadian Paraplegic Association Manitoba, 2003-2004). CPA services include support, counselling and information to assist with adjustment to disability, independent living, accommodation, and recreation and leisure. They offer family counselling and financial counselling. Peer volunteers act as mentors and role models. CPA is a resource for information on supplies, equipment and assistive technology devices as well as accessible public transportation and private vehicle adaptation. Assistance in personal injury litigation is available in the form of cost of care analysis and documentation preparation. CPA Manitoba is the provincial resource for vocational rehabilitation for persons with spinal cord injury. Their vocational programs include education and vocational counselling to assess individual interests and skills and develop career goals. An employment program coordinates return-to-work planning. CPA Manitoba provides service throughout the province with four rehabilitation counsellors one of whom is dedicated to vocational rehabilitation. Services are provided from the Winnipeg office with workers travelling to rural Manitoba as necessary. An important component of CPA service delivery is connecting consumers to peers. Where possible, peers provide local support.

## **5.7 CNIB**

CNIB, formerly known as the Canadian National Institute for the Blind, is committed to providing services to Canadians who are blind and visually impaired to help them achieve independence in their homes, communities, schools, and work environments (CNIB, 1996-2006). All CNIB services are available to anyone whose vision is impaired to the extent that it interferes with or restricts daily living activities. Services in Manitoba are provided by CNIB offices in Winnipeg, Brandon, and Thompson.

Rehabilitation counsellors work with individuals and families in a supportive environment to assist in the adjustment to vision loss. Services are offered in three main areas: counselling, teaching and vocational rehabilitation. Counselling is provided to support grief and the psychological adjustment to vision loss. Support groups have also been initiated in many areas of the province. Teaching parallels what would be considered occupational or physiotherapy. It focuses on independent living skills including mobility and competency in the use of Braille. Both teachers and counsellors travel to consumers and provide service in the home environment. Persons with

workable low vision are encouraged to attend the clinic where they can be assessed for possible vision aids and advice on lighting<sup>v</sup>.

Counselling specific to employment is available to assist with achieving desired vocational goals. Principal services provided by an employment counsellor include assessment, pre-employment preparation, marketing of individuals to employers and task-analysis and modification of the workplace. In addition, an employment counsellor can assist in securing employment and education-related funding and provide outreach education and awareness training to employers.

## **5.8 Multiple Sclerosis Society of Canada**

The Multiple Sclerosis Society of Canada has a Manitoba division providing services in this province. In general, services fall into the following areas: support, information, referral, education, advocacy and funding. The MS Society strives to be a repository of the most up-to-date information about the disease and resources. 'ASK MS' is an internal database that can be accessed through the Resource Coordinator and Program Planner. Accessible on-line resources include the Canadian ([www.mssociety.ca](http://www.mssociety.ca)) and Manitoba ([www.mssociety.ca/manitoba](http://www.mssociety.ca/manitoba)) websites as well as sites for children ([www.msforkids.com](http://www.msforkids.com)), youth ([www.msforteens.com](http://www.msforteens.com)) and parents ([www.msforparents.com](http://www.msforparents.com)), with message boards and chat rooms. The society provides support to affected individuals and their family members to help manage the disease and its impact. A variety of self-help and support groups are available in addition to an individual peer support program for consumers. Recreation and social programs are also offered. Manitoba has five chapters each with its own programming, social and recreational components, resource centre and library. An example of regional programming is the pilot project currently being evaluated in the Morden area<sup>vi</sup>. This project links members of a rural support group using Telenet. Special assistance programs provide limited financial assistance to persons with MS to cover equipment, assistive devices and home adaptations not available through any other government or community agency. In some cases, special assistance funds may also be used to augment existing services that do not meet the needs of persons with MS (i.e. supplement to home care program). As resources are limited, funding is provided on a first-come, first-served basis and application to the fund is restricted to once every two years.

## 5.9 Other Disability Organizations

The preceding disability-specific organizations have been included in this scan because they have been designated as providers of provincial vocational rehabilitation programs (CNIB, CPA and SMD), because they sit on the project advisory group (ILRC), or because they assisted by referring farmer participants (MS). However, this is far from an exhaustive list of organizations dedicated to the assistance of persons with disabilities in Manitoba. Below are several other examples of organizations that assist persons with disabilities.

### Mental Health

- Canadian Mental Health Association (CMHA)
- Anxiety Disorders Association of Manitoba (ADAM)
- Manitoba Schizophrenia Society Inc. (Central)
- National Depressive & Manic-Depressive Association - Canada - Society DMD of
- Partners for Consumer Empowerment
- Mental Health Education and Resource Centre

### Medical conditions

- Cerebral Palsy Association of Manitoba
- Arthritis Society
- Parkinson Society Canada, Manitoba
- Crohn's and Colitis Foundation of Canada
- Huntington Disease Resource Centre
- Hepatitis C Resource Centre
- Canadian Hemophilia Society
- Heart and Stroke Foundation of Manitoba
- Canadian Liver Foundation
- Alzheimer Society of Manitoba

### Sensory Impairments

- Canadian Council for the Blind
- Canadian Hard of Hearing Association
- Deaf Centre Manitoba

### Injuries

- Manitoba Brain Injury Association

## **6.0 Services Associated with Aging**

Some farmers continue to work on the farm past the typical retirement age of 65 years. Both aging and retirement present particular challenges to the farmer. Years of physical work may increase the decline in physical capacity that is typical of seniors. In addition, retirement for the farmer is more complicated than giving notice and collecting a pension cheque. This period of transition has implications for all those who are part of the farm production operation, which may include a multigenerational family workforce. The services that will be included in this portion of the scan are those services that are specific to persons over 65 years of age and that might address the retirement needs of an agricultural producer. Where aging has resulted in activity limitations, the preceding information on managing disability may be relevant to senior farmers. In addition, there are some services specific to seniors that may be useful for farmers.

### **6.1 Provincial Government Resources for Seniors**

The provincial government addresses the needs of the seniors of this province through the office of the Minister Responsible for Seniors. The Manitoba Council on Aging acts in an advisory capacity to the Minister to ensure that the perspective of seniors is reflected in government programs and policies that relate to seniors. The Manitoba Seniors and Healthy Aging Secretariat (n.d.) is a central source of information and referral for seniors and their families, seniors' organizations and government departments. The Secretariat works with all departments to create an environment within the Province of Manitoba that promotes the health, independence and well being of all Manitoba seniors.

Through the Manitoba Seniors and Healthy Aging Secretariat, the government makes available information and referral resources for seniors.

**Seniors Information Line** -The Seniors Information Line provides seniors and their families with quick and easy access to information about seniors' programs and services. The Seniors Information Line enables callers to have concerns and questions handled promptly by the Manitoba Seniors and Healthy Aging Secretariat (In Winnipeg: 945-6565, Toll-free: 1-800-665-6565).

**Seniors Abuse Line** - The Seniors Abuse Line is a confidential information service aimed at providing seniors, family members, professionals, and others with a one-stop information resource on elder abuse. The abuse line staff provide information on community resources and support services that are available throughout Manitoba. An elder abuse consultant is also available to provide education and training, and to assist communities to ensure that services and supports are coordinated and available to abused older persons. (Seniors Abuse Line in Winnipeg: 945-1884 or Toll-free: 1-888-896-7183).

**Manitoba Seniors Guide** - The Manitoba Seniors Guide is an on-line resource guide to government programs for seniors, again provided by the Secretariat.

**Manitoba Government Inquiry** – Manitoba Government Inquiry (n.d.) is the Government of Manitoba's bilingual information and referral service. A general source of information, it can help individuals including seniors identify and access the provincial programs or services they need by calling 945-3744 or toll free 1-866-MANITOBA (1-866-626-4862). This service is also offered for the deaf, Telecommunications Device for the Deaf: 945-4796.

**CONTACT Community Information** - CONTACT Community Information (n.d.) is a community information referral service, which refers Manitobans to social services and programs available through health, educational, cultural and recreational resources in the province of Manitoba. Contact operates a free, confidential inquiry line Monday to Friday, 9:00 a.m. - 4:30 p.m., publishes Community Resource Guides containing information on community organizations and programs, and provides the same community service information via the website (<http://cms00asa1.winnipeg.ca/crc/crc>). CONTACT Community Information can be reached at 287-8827 or toll-free: 1-866-266-4636.

In addition to information and referral, there are some senior specific services. The Home Adaptations for Seniors Independence (HASI) program of Manitoba Family Services and Housing provides financial assistance to homeowners and landlords to carry out minor home adaptations/changes that help low-income seniors experiencing difficulties with daily living activities in the home (Home Adaptations for Seniors' Independence, n.d.). Assistance is in the form of a forgivable loan to a

maximum of \$3,500. Eligibility is similar to the requirements for the RRAP program described earlier for persons with a disability with the additional requirement that the applicant be at least 65 years of age.

## **6.2 Regional Health Authority Resources for Seniors**

Direct service delivery to seniors is part of the mandate of the regional health authorities (RHA). Support Services for Seniors are funded by RHAs and responsive to community needs through Seniors Community Resource Councils (n.d.). Community councils negotiate with their respective RHA for program funding to meet the needs of seniors in their area. Programming is therefore not uniform across communities. Some communities have Resource Coordinators/Program Managers paid by the RHA to develop and implement local seniors services. Community based programs may include such services as equipment loans, congregate meal programs, transportation referrals, lifeline provision, counselling, assistance with government forms and income tax, meals on wheels. While the resource councils tend to be concerned with meeting basic needs for independent living, communities may also fund raise to provide additional programs/ services. Additional services are often related to social and recreational activities that decrease the isolation of seniors.

The Homecare program provided by RHAs and described earlier in this scan is available for seniors as well as person with a disability.

## **6.3 Agricultural Resources for Seniors**

For the farmer planning to leave the farm, MAFRI offers information to assist in planning retirement and farm succession (Family Farm Business Gateway, 2006). Consistent with overall business planning, they address the issues of retirement lifestyle, family finances, and retirement income. Farm succession can be a difficult transition in many areas. MAFRI provides guidance related to grooming successors, ensuring fairness to all children, transfer strategies and financial guidance. This information can be accessed via their website or by contacting a local GO centre.



## 6.4 Non-Governmental Resources for Seniors

Seniors information resources that are not provided directly by government include the Seniors Resource Network (n.d.), a joint project of Creative Retirement and Community Connections, and Services for Seniors available through Age and Opportunity (n.d.). The Seniors Resource Network is an online resource for referrals and information. Age and Opportunity also offers online information and referral. (In the Winnipeg area, Age and Opportunity offers a variety of direct services including counselling, safety programs, victim awareness and friendly visiting.)

## 7.0 Other Models of Service Delivery to Farmers with Disability

Of interest to this scan is the approach taken by the American government to farmers with disabilities. Services to farmers with disability in the US were formalized in 1990 when Congress passed a farm bill that authorized establishment of the national **AgrAbility Program**. The Cooperative State Research, Education and Extension Service (CSREES) (2005), an agency of the U.S. Department of Agriculture, administers the AgrAbility Project. While the USDA administers the AgrAbility Project, the Project funds both a National AgrAbility Project and several State AgrAbility Projects.

AgrAbility works to enhance the quality of life of individuals with disabilities engaged in production agriculture and their families. The program supports cooperative projects in which State Cooperative Extension Services (CES) based at Land-Grant Universities subcontract to private-non-profit disability organizations. The National AgrAbility Project is housed at Purdue where the University of Wisconsin Extension, Cooperative Extension Biological Systems Engineering Department in partnership with Easter Seals provide training, technical assistance, and information on available resources to the State AgrAbility Project staffs. The State AgrAbility staff provide training, site visits, on-farm assessments, technical assistance, and other information directly to the farmer or rancher with a disability. In 2005, twenty-five AgrAbility projects employed Extension educators, disability experts, rural professionals, and volunteers to offer an array of services, including:

- identifying farmers with disabilities and referring them to appropriate resources;

- providing on-site technical assistance on adapting and using farm equipment and tools, and on modifying farm operations and buildings;
- providing agriculture-based education to help prevent further injury and disability;
- providing training to help Extension educators and other rural professionals upgrade their skills in assisting farmers with disabilities; and
- developing and coordinating peer support networks.

The national staff also provide direct technical consultation to consumers, health and rehabilitation professionals and other service providers on how to accommodate disabilities in production agriculture. In addition, national staff provides members of other national and international agricultural and health-related organizations with information and resources to help farmers and ranchers with disabilities (AgrAbility Project, 2000-2006).

Those eligible for AgrAbility services may have any type of disability – physical, cognitive, or illness-related, for example: amputations, arthritis, back pain, blindness or vision impairments, cancer, cardiac problems, cerebral palsy, deafness or hearing impairments, diabetes, mental retardation, multiple sclerosis, muscular dystrophy, post-polio syndrome, respiratory problems, spinal cord injury, stroke and traumatic brain injuries.

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<sup>i</sup> Personal communication with Cheryl Choptain, WCB, May 18, 2006

<sup>ii</sup> Personal communication with Dallas Kronberg, FCC, April, 2006

<sup>iii</sup> Personal communication with Neil Enns, FWD, May, 2006.

<sup>iv</sup> Personal communication with Doug Lockhart, ILRC, May, 2006.

<sup>v</sup> Personal communication with Dorothy Orebanjo, CNIB May, 2006

<sup>vi</sup> Personal communication with Nadine Konyk, MS Society, April 28, 2006

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## **APPENDIX E**

### **Interview Guide**

- 1) How would you rate the amount of information in this kit?
- 2) How well is the information organized?
- 3) How would you rate the overall appearance of the kit?
- 4) How would you rate the overall appearance of the kit?
- 5) How easy was it to read and understand the kit?
- 6) How useful was the information in the kit?
  - a) Section 1: Healthy Farming Myths and Facts
  - b) Section 2: Life Changes and Challenges on the Farm
  - c) Section 3: Suggestions for Healthy Farming
  - d) Section 4: 'Roadmap' to Services and Resources
- 7) What did you learn or gain from reading this resource kit?
- 8) What else should be included in this resource kit?
- 9) What could we change to make this kit more useful for farmers? Farm families? Service providers?
- 10) What are your ideas for how we should distribute the kit?
  - a) Who should receive the kit?
  - b) Why would this information be useful for them?
  - c) How would they use the information in the kit?

## APPENDIX F

### Questionnaire for Feedback on: “The Healthy Farmers, Healthy Communities Resource Kit”

**Dear participant,**

Thank you for agreeing to give us your feedback on “*The Healthy Farmers, Healthy Communities Resource Kit*”. This kit is a ‘work in progress’. Your comments will help us to improve it and create a final kit. The kit will then be printed and posted on websites as a resource for other farmers, service providers, and other farm community members.

Feedback from a group of project participants will also be summarized in a report to our funder, the Workers Compensation Board of Manitoba.

#### **How we collect your feedback:**

- We will phone you within a week to ensure that you received the kit.
- We can then answer any questions you may have about the kit or giving feedback.
- We will arrange a time to call back to gather your feedback by phone.
- We will collect all feedback **before June 15**.

#### **How to prepare for giving feedback:**

1. First, read through this questionnaire. This will prepare you to ask us questions, and to answer our questions.
2. Then read through the resource kit. You may want to mark down comments on the pages of the kit as you read it.
3. Fill out the questionnaire.
4. Speak with us at the arranged time.

#### **Contact us, if you have any questions:**

Shelagh Marchenski

Email: [mmarchen@mts.net](mailto:mmarchen@mts.net)

Canadian Centre on Disability Studies

56 The Promenade, Winnipeg MB, R3B 3H9

Tel: (204) 287-8411

Fax: (204) 284-5343

TTY: (204) 475-6223

## Questionnaire

### 1. What is your work or role?

(Please circle or mark all that apply)

- Farmer (with a disability, injury, or long-term illness)
- Farmer's spouse or family member
- Service provider
- Other (what is your job or role) \_\_\_\_\_

### 2. a) How would you rate the amount of information in this kit?

(Please circle or highlight a number on this scale from 1 to 10, where 1 is the poorest rating, and 10 is the most positive rating you can give)

1-----2 -----3 -----4 -----5 -----6 -----7 -----8 -----9 -----10

Too Little  
Information

Satisfactory  
Amount

Very Good  
Amount

### b) Was there too much information in this kit?

(e.g. too detailed, needs to be simplified)

- Yes
- No

Comments on the amount of information:

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**3. How well is the information organized?**

(e.g. groups of information seem logical)

1----- 2 -----3 -----4 -----5 -----6 -----7 -----8 -----9 -----10

Poorly  
Organized

Satisfactory

Very Well  
Organized

Comments on organization of information:

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**4. How would you rate the overall appearance of the kit?**

(e.g. layout, graphics/images, font size, etc.)

1----- 2 -----3 -----4 -----5 -----6 -----7 -----8 -----9 -----10

Poor in  
Appearance

Satisfactory

Very Good  
Appearance

Comments on appearance:

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**5. How easy was it to read and understand the kit?**  
(e.g. the words, terms, and ideas were understandable?)

1----- 2 -----3 -----4 -----5 -----6 -----7 -----8 -----9 -----10

Poor  
Readability

Satisfactory

Very Readable

Comments on how readable the kit was:

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**6. How useful was the information in the kit?**

(Please rate and comment on each section of the kit)

**a) Section 1: Healthy Farming Myths and Facts**

1----- 2 -----3 -----4 -----5 -----6 -----7 -----8 -----9 -----10

Not Useful

Somewhat  
Useful

Very Useful

Comments on how useful this information was:

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**b) Section 2: Life Changes and Challenges on the Farm**

1----- 2 -----3 -----4 -----5 -----6 -----7 -----8 -----9 -----10

Not Useful

Somewhat  
Useful

Very Useful

Comments on how useful this information was:

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**c) Section 3: Suggestions for Healthy Farming**

1----- 2 -----3 -----4 -----5 -----6 -----7 -----8 -----9 -----10

Not Useful

Somewhat  
Useful

Very Useful

Comments on how useful this information was:

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**d) Section 4: 'Roadmap' to Services and Resources**

1----- 2 -----3 -----4 -----5 -----6 -----7 -----8 -----9 -----10

Not Useful

Somewhat  
Useful

Very Useful

Comments on how useful this information was:

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**7. a) What did you learn or gain from reading this resource kit?**

(Please check or mark all that apply)

Increased awareness of challenges facing farmers and their families

Increased awareness of the potential farmers with an injury or illness have for returning to work and daily activities

Increased knowledge of informal supports for farmers and farm families (e.g. self-help, social support, community supports)

Increased knowledge of organizations, services, and resources available to farm families

Increased understanding of what you can do to help a farmer (yourself, a spouse, or a client) return to work or daily activities

Nothing

**b) What else did you learn or gain from the resource kit?**

(i.e. other than what is listed above)

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**8. What else should be included in this resource kit?**

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**9. What could we change to make this kit more useful for:**

(Please answer for a, b and c, though you may be a member of only one group)

**a) Farmers**

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**b) Farm family members (e.g. immediate and extended family)**

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**c) Service providers (rural and/or urban)**

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## APPENDIX G

### Development of Community Support Strategies for Manitoba Farmers Who Live with Disabilities and Their Families

#### Final Project Evaluation Survey July 2007

##### Introduction:

The final project evaluation is an opportunity to record project achievements, learn about factors that contributed to achievements, and to make recommendations for the future.

Evaluation methods consist of:

- a) pilot testing interviews, involving farmers, service providers and Advisory Group members;
- b) an anonymous online survey of Advisory Group and Project Team members; and
- c) a group discussion of survey results and other feedback, involving Advisory Group and Project Team members.

This survey will focus on an evaluation of outcomes relative to the project's stated objectives; an evaluation of the effectiveness of processes applied; and recommendations.

Please take the time to answer the following questions. **Questionnaires should be completed by July 23<sup>rd</sup>.**

The results of the evaluation will be summarized in a final report that will be shared with project stakeholders. Lessons learned from the evaluation will be applied in future CCDS initiatives.

## **Survey Questions:**

### **A. Information about the respondent**

1. What sector do you represent?

Please note that primary sector is the role that you have most strongly identified with during your work on this project, and secondary sector describes another role that you identify with.

- a) Primary sector?
  - farmer or farm family member
  - service provider
  - researcher / educator
- b) Secondary sector?
  - farmer or farm family member
  - service provider
  - researcher / educator

### **B. Achievement of objectives and deliverables**

2. Did the project identify barriers and facilitators that affect the ability of farmers with a disability to return to work?

Yes/No

Please comment on aspects that were and/or were not achieved.

3. Did the project identify the community supports (formal and informal) available to farmers with a disability, and gaps in those supports?

Yes/No

Please comment on aspects that were and/or were not achieved.

4. Did the project identify supports for farm families affected by a disability?

Yes/No

Please comment on aspects that were and/or were not achieved.

5. Did the project develop a pilot community support strategy resource kit?

Yes/No

Please comment on aspects that were and/or were not achieved.

6. Do you think that the resource kit will
- a) Add something new to existing resources?
  - b) Be useful for target groups?
  - c) Have lasting value in the community?

Yes/No/Don't know (to each)

Comment on all or any of these qualities.

7. Please rate the quality of each of these project deliverables.

- literature review
- environmental scan
- website materials
- report/s

needs improvement, good, very good, don't know (to each)

Comment on the quality of all or any of the project deliverables.

### **C. Effective implementation and processes**

8. Has the project remained relevant to its intended target populations?

- a) Farmers
- b) Farm families
- c) Service providers

Yes/No/don't know (to each)

Please comment on your own sector/s and any other sector, which you are familiar with.

9. Was the project effectively implemented, in each of its stages:

- Proposal development and planning
- Background research (literature review and scan)
- Data collection (focus groups and interviews)
- Analysis of results
- Kit development
- Pilot testing
- Reporting/dissemination

Yes/No/Don't know

Comment on the benefits of processes, or suggest improvements.

10.a) Were relevant stakeholders engaged in the Advisory Group?

Yes/No

b) What other organization/group should have been represented on the Advisory Group?

Please suggest organizations or groups.

11. Were stakeholders provided with meaningful opportunities for active and ongoing participation?

Yes/No

Comment on the benefits of processes, or suggest improvements.

12. Have you had previous experience with participatory action research (PAR)—that is, projects based on partnership between researchers and community stakeholders, focused on using research and the combined resources and expertise of all partners to develop solutions to community issues.

Yes/No

Comment on the benefits of the process, or suggest improvements.

13. Were communication mechanisms effective, providing stakeholders with information that facilitated participation? (includes: Advisory Group meetings and minutes, communiqués, progress reports)

Yes/No

Comment on the benefits of processes, or suggest improvements.

14. Did the project contribute to mutually beneficial partnerships among stakeholders?

Yes/No

Comment on the benefits of processes, or suggest improvements.

15. Did the project contribute to sustainable networks among organizations that serve farmers and their families, or people with disabilities?

Yes/No

Comment on the benefits of processes, suggest improvements, or provide examples of continued networking.

16. Did the project contribute to action, or practical applications for research and knowledge?

Yes/No

Comment on the benefits of processes, or suggest improvements.

17. What lessons did you learn from the project, whether from

- a) information gathered and shared
- b) processes used (e.g. community participation in research), or
- c) partnerships?

Comment on all or any type of lesson.

#### **D. Recommendations**

18. What do you recommend as the next steps and priorities to build on the results of this project?

Suggestions:

19. What role do you recommend for the Advisory Group, beyond the close of this project?

Suggestions:

20. What role do you recommend for your organization, to build on the



results of this project?

Suggestions:

21. What role do you recommend for CCDS, to build on the results of this project?

Suggestions:

22. Do you have any other comments about the project?

Final comments:

## **APPENDIX H**

### **PILOT TEST REPORT**

#### ***The Healthy Farmers, Healthy Communities Resource Kit: Facing Challenges of Injury and Illness on the Farm***

**June 2007**

**Shelagh Marchenski**

#### **Introduction**

In 2006, the Canadian Centre on Disability Studies in conjunction with the University of Manitoba Department of Occupational Therapy, funded by the Workers Compensation Board, undertook a project to develop a resource for farmers facing disability as a result of injury or illness. With the support and direction of an Advisory Group of key stakeholders, information was gathered from the literature, an environmental scan, and directly from farmers and rural service providers in the Carman, Morden and Winkler areas of south central Manitoba. Based on the information gathered and with particular attention to the knowledge and experience of those farmers with a disability, a resource titled *The Healthy Farmers, Healthy Communities Resource Kit* was compiled.

In June of 2007, several farmers, service providers and Advisory Group members reviewed the kit. This report is to outline the feedback from those who participated in the review. It will describe how the review was conducted; provide a summary of the feedback that was received and highlight issues raised related to the kit's design and content. Edits and corrections have been provided separately and will not be included in this report.

## **Methodology**

Pilot testing of the resource kit involved a qualitative review of structured interviews with farmers, service providers and Advisory Group members. Thirteen participants were interviewed and two of the participants included the reviews of others within their organizations for a total of 19 people reviewing and commenting on the kit.

## **Participants**

When farmers and service providers first participated in the information-gathering phase of the project, they were invited to indicate their willingness to be contacted again to review the product that was produced. Those who had expressed an interest in further participation were contacted by the research consultant.

Farmers - Four of the five farmers contacted were able to provide feedback. This group included an amputee still living on the farm but currently truck driving, a farmer retired after a serious injury, a farmer retired after many years of farming and supporting a disabled spouse and a farmer farming with a disability.

Service Providers - Three of five service providers contacted were able to participate. They included two rurally based service providers: one from the health care field and one from the agricultural service area. The service provider based in Winnipeg was part of a disability specific organization providing services throughout the province.

Advisory group - Six of the Advisory Group members were also interviewed. They represented a cross-section of expertise in rural and disability issues. Two were farmers with a disability.

## **Contact**

Potential participants were contacted by telephone or e-mail and the pilot test was outlined. The role of participants was described. Those agreeing to participate received a mailed out package containing: a copy of the kit, a questionnaire that would be used to structure a later telephone interview and a sheet of instructions outlining the process and providing contact

information. After receiving the package, participants were contacted again, any questions clarified and an appointment for an interview was scheduled.

## **Interviews**

All interviews were conducted by telephone between June 7 and June 20, 2007. Interviews varied in length from as little as a half hour to as much as an hour and a half but were on average about three quarters of an hour. Interviews followed the questionnaire that was developed by the project coordinator. The questionnaire consisted of eleven main questions. Participants were asked to rate elements in the kit on a scale of 1 to 10 where one was the worst rating and ten was the best. They were also asked for their comments related to each rating. Opinions were gathered on the amount of information in the kit, its organization, appearance and readability. Participants rated the usefulness of the information in each of the kit's four sections. They were also asked what they learned from the kit, what could be changed to make the kit more useful for various audiences and how and to whom the kit should be distributed. Notes of each interview were manually transcribed during the interview.

## **Analysis**

The ratings for each question were summed and means were calculated. Notes of responses to each question were compiled and reviewed. Summaries and themes derived from the responses to each question are reported here.

## **Findings**

Findings include the ratings (mean and range) for each question and a summary of the comments. A number of issues were raised across the span of questions and these have been pulled out and put together for discussion following the question summaries.

## **Question Summaries**

2. How would you rate the amount of information in this kit? - Mean 8.0, Range 6-10.

Participants acknowledged the difficulty in striking a balance between having enough information in the kit to make it meaningful but not so much that it became difficult for readers to manage. Most felt that a good balance had been achieved and the amount of information in the kit was “just enough”. No one suggested that there was not enough information although other pilot questions resulted in recommendations for more information in specific areas. Two respondents found there was too much information. Both were farmers meaning that half the farmers interviewed found the kit too lengthy.

3. How well is the information organized? - Mean 8.3, Range 6-10

With one exception, those who commented on this item felt the organization was effective and flowed well. “Started out well and just kept flowing through.” The dissenting opinion was that the document lacked flow and did not seem to build but rather just went on and on. It was suggested that changing some titles to make them more powerful rather than “warm and fuzzy” might help.

4. How would you rate the overall appearance of the kit? - Mean 7.7, Range 6-10

Most participants spoke positively about the interior layout of the kit. The amount of white space, the short bites of information, shading in the resource section and lots of titles helping the reader to navigate the material were all mentioned positively. There was stronger concern about the front cover and the need for the kit to make a strong first impression. Suggestions included shortening the title, and increasing the size and clarity of the image on the front cover.

5. How easy was it to read and understand the kit? - Mean 8.8, Range 7-10

Readability was judged very highly. The messages were clear and easily understood. “Reading was easy”; “Very clear language”; “A kindergartner could understand it”.

6. How **useful** was the information in the kit?

**Section 1: Healthy Farming Myths and Facts - Mean 7.3, Range 5-10**

This section received a wide diversity of comments. Respondents tended to either relate to the content very well or find it not particularly relevant. For example of two farmer respondents, one said, “For the guy that is farming, that section is very useful” and another said, “Not useful for me. It was not my situation.” The majority opinion was that the material was useful as food for thought and as a mirror in which people might see themselves. A concern was expressed that the focus may be too specifically directed to one particular geographic area and some of the information might not apply throughout Manitoba.

**Section 2: Life Changes and Challenges on the Farm - Mean 7.8, Range 6-9**

Participants generally found this section was a good portrayal of challenges and would be useful for those first experiencing a disability. There was acknowledgement of the breadth of coverage to include families, both victims and caregivers. However, there was also the suggestion that this section did not reach far enough to include the diversity of situations that might arise such as a family impacted by the disability of a farmwoman or child.

**Section 3: Suggestions for Healthy Farming - Mean 8.2, Range 6-10**

This section received very positive feedback. The farmers in particular resonated with the safety messages. Other comments noted with appreciation the inclusion of topics related to coping with emotions. The quotes from farmers added power to the messages.

**Section 4: ‘Roadmap’ to Services and Resources - Mean 8.5, Range 6-10**

This highly rated section of the kit was described as comprehensive and informative. For one farmer, this was by far the most and perhaps the only important piece in the kit. There were some suggestions on the organization of this section and what would make it most usable. The division of services by organization type was questioned and elimination of the divisions was suggested as an option, leaving the resources in alphabetical order. A few additional resources were proposed.

7. What did you learn or gain from reading this resource kit?

Participants identified a number of learnings from reading the kit. The most frequently cited was an increased knowledge of organizations, services, and resources available to farm families.

8. What else should be included in this resource kit?

Additional content related to supports for farmwomen and supports for children dealing with trauma was suggested. It was also offered that more supports for off farm employment and more generic information on disability would make the kit transferable to other groups. Most responses to this question concluded that there was no need to add to the kit.

9. What could we change to make this kit more useful for:

**Farmers** – Several participants suggested that usefulness is dependent on getting the kit to farmers and getting it to them in a timely fashion. Others thought that the language of the kit could be improved to give it a more masculine tone and feel less “warm and fuzzy”. It was also suggested that source references be added to tie the cited information to a factual base and thereby increase the power of the statements.

**Farm family members** – Although many participants noted that the information useful for men and women of all ages, others felt that more representation of women and some special effort to connect with children were warranted. Presentation of a brief version of one family’s story was suggested as a way of offering families something to identify with.

**Service providers** – Several felt that the kit as it stands would be useful for service providers and increase their education and awareness. Access to the kit on-line and using it as an adjunct to university level rehabilitation training would also increase the knowledge of some service providers. The development of a specific tool to guide volunteers who wish to effectively support farmers coping with disability would be of benefit.

10. What are your ideas for how we should distribute the kit?

**Who should receive the kit?**

Responses to this question can be divided into two groups: people who will be direct users of the kit and people who will be distributors of the kit.

Users: Farmers and farm families should receive the kit for use as an education and prevention tool. Farmers and farm families dealing with an injury or illness should have the kit as a guide to assist them in navigating through that experience. Any service provider who may be in a position of working with a farmer with a disability should also have access to the kit to increase their awareness of issues specific to farmers. This would include, but not be limited to, health care providers, social service workers, pastoral care providers, and agricultural support and information providers.

Distributors: A wide array of people, organizations and locations were suggested as possible distributors or points of distribution for the kit. Distribution to persons facing disability could occur directly from service providers such as members of MFWD, doctors, rehabilitation therapists, chiropractors, counselors at the MFRSL, or homecare providers. A more general distribution to farmers and farm families might involve organizations such as Women’s Institute, Public Health, Regional Health Authorities, or agricultural organizations like MAFRI, FCC, MASC, KAP, or the Manitoba Cattlemen’s Association. Organizations might distribute the kit at agricultural fairs, trade shows, health fairs, and safety camps. Distribution might be targeted by including the kit, or a brochure announcing the kit, in the regular newsletters sent out by WI or MFRSL. It might be included in crop insurance notices. Distribution can also include the passive approach of having information in waiting rooms at hospitals and doctor’s offices, in agricultural offices, community centres, libraries, rural municipality offices, and in coffee and hairdressing shops. On-line distribution and the production of CD or DVD copies were considered important.

**Why would this information be useful for them? How would they use the information in the kit?**

Information would be useful for farmers and their families and for service providers for education, prevention and for dealing with problems. “Everyone knows someone that has been hurt.” The information would also be useful to increase policy makers’ awareness of the impact of health care decisions on rural communities.



A number of issues arose in the feedback to several questions. These relate to the audience, content, language, format, use and distribution of the kit. They will require further discussion and decisions from the project team.

Audience - While the kit was originally intended for farm use, there were several suggestions that it would be useful for anyone who may be in harm's way from the use of machinery. This is an area that might interest the project funders and may create an opportunity for a spin-off.

Content – A recurring theme was that women and children were underrepresented. It was also suggested that additional personal stories would be helpful. These suggestions must be balanced against the general opinion that more content would be problematic. To highlight the contradictory nature of settling on the right amount of content, we have one farmer suggesting less content and indicating that the last three pages are all that is necessary and also recommending the addition of personal stories with contact numbers. It might be possible to address the need for more and less content by the creation a separate resource brochure.

Language – Dealing with a wide range of tastes in language presents difficulties for editing our final product. It is important to note that none of the farmers who were interviewed expressed any discomfort with the tone of the work. In trying to appeal to men and women, young and old, lay people and professionals from both rural and urban backgrounds, it is probably only possible to chart a middle course and seek to avoid offending anyone. Again, if time and resources were available, this too might be resolved by developing separate advertising brochures designed to target or attract specific audiences.

Format – The size of the finished product was also an area where opinion differed. There would be advantages to both the 8 ½ by 11 and the smaller 5 ½ by 8 ½ sizes. The cost in time and effort to reformat to a smaller size would need to be weighed against the advantage of having a more compact and easily transported booklet. It may be helpful to maintain the current format as a way of looking like other farm publications. The larger size also keeps the product from looking dauntingly thick.

Use – Suggestions from two sources drew attention to the fact that although there is a comprehensive list of resources, there is no assistance for navigating ones way through the list to find what would be most useful. One suggestion was that those organizations that would be first contacts for farmers facing disability should be highlighted in some way. An alternate idea was to direct farmers to an organization that could take a case management role. ILRC is prepared to act as a case manager for adults with a disability throughout the province and has suggested that they could be of service in this regard to farmers as well.

Distribution –Many suggestions were offered on how and where to distribute the kit. A continuing theme was that distribution of hardcopies was costly and not necessarily effective. The most common solution offered was to develop an advertising campaign using a newspaper launch, a poster distribution and/or an informational brochure directing people to an on-line downloadable pdf version and/or a local source of hard copies.

## **Limitations**

The small number of respondents and the limited geographic area they represent make it unreasonable to generalize to rural settings in other regions of Manitoba. The time allowed for this part of the project limited the amount of data collected and the depth of analysis.

## **Conclusions**

*The Healthy Farmers, Healthy Communities Resource Kit* was developed to offer information to disabled farmers and their families, to help service providers better understand the needs of farm families and to build awareness in farm communities to promote health and safety. In their review of the kit, farmers, service providers and Advisory Group members clearly found that the kit met those goals. Each section of the kit was rated as being useful for the intended audiences. The kit was found to be both readable and comprehensive. Many suggestions for distribution of the kit were offered. A common conclusion was that a limited distribution supported by advertising indicating where the kit could be obtained in either hard copy or electronically would an economical approach to dissemination.