

# Sustainable Farm Families

## Impact Evaluation

2007 – 2009

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Roberts Evaluation Pty Ltd

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# Introduction

## *The Sustainable Farm Families Program*

*The Sustainable Farm Families program is an initiative of Western District Health Service (WDHS), based in Hamilton, and is delivered in partnership with the Department of Primary Industries Victoria (DPI). The program aims to improve the health, well-being and safety of the farming population in Victoria, through a three year program of health education workshops (a total of 50 programs) in various locations across the state.*

The Sustainable Farm Families (SFF) program was developed by WDHS in 2003 in order to improve the health, well-being and safety of farm families in south eastern Australia. WDHS was concerned that the focus in rural health had been on acute and aged care, and saw a need for preventative health care initiatives (Brumby et al., 2009b). They sought to focus on farming families, to address the social and economic impact of poor health and safety on farms.

In 2007 the Victorian Department of Primary Industries (DPI) allocated funding to extend the SFF program to a further 1000 farmers in Victoria. In partnership, the DPI and WDHS are delivering workshops in 50 locations across Victoria over three years (2007 – 2010). In each location, local health agencies are engaged as partners in the workshop delivery, and local health professionals present much of the workshop content. Local industry groups are enlisted to help with promotion of the workshops and inviting farmers to attend. The DPI provides group facilitators to assist in the workshop delivery.

Farmers in each location attend three workshops; one per year. The program aims to involve both men and women, and encourages participants to attend with their spouse. At the workshops farmers are presented with information and advice about key health issues, including cardiovascular disease, cancer, farm safety, diabetes, stress, depression and anxiety, men's and women's health, nutrition, diet and alcohol, physical activity, and farm business. Participants are asked to make action plans for their health, wellbeing and safety and report back on these to their workshop group each year.

At each annual workshop the participants undergo an individual health assessment, where health, well-being and safety issues are identified, and referrals to health professionals or general practitioners are made as required. The data collected from the examinations are collated as part of the research accompanying the program; to build a picture of farmer health and track it over time.

## Evaluation Questions

The DPI contracted Roberts Evaluation in May 2008 to provide an external evaluation of the SFF program. While much quantitative data has been collected throughout the program on participants' health status, a more qualitative approach is required to explore in depth what the impacts on participants have been, and to deal with the issue of attribution; how it is that the program has created, or contributed to, any changes observed in the data on health outcomes.

The evaluation questions set by the DPI and WDHS are to:

1. **Assess the contribution of the project to achieve its objective of 'Farmers better able to cope and recover through drought from improved physical and mental health and reduced risk of farm accidents'.**
2. Summarise the outcomes shown in the physical health measurement data collected, collated and analysed by WDHS.<sup>1</sup>
3. Document any unintended outcomes of the project.

In order to better answer the overall question of program impact, and to pick up elements of questions relating to process (dealt with explicitly in the Progress Report, December 2008), a number of sub-questions were used to set the direction for the evaluation:

1. What impact has the program had upon the participants; the farming couples who have attended workshops?
2. Have these impacts on individuals had flow-on effects to their families, their farm businesses, and/or their communities?
3. What other contextual factors impact upon farming families' health?
4. What impact has the program had upon the organisations and professionals involved?
5. How well has the program been delivered?
  - a. How well have the organisational partnerships worked between WDHS, DPI, local health agencies, and local industry groups?
  - b. What is the quality and appropriateness of the workshops for the audience and the program aims?
6. How could the program be improved to better achieve outcomes?

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<sup>1</sup> Note that only the 2008 Baseline data is so far available for inclusion in this report.

# Theoretical context

The concept of health is complex and contested, and health promotion is a multi-faceted field. This has implications for both the implementation and evaluation of health promotion programs. A number of key concepts and best practices are outlined here to contextualise the evaluation.

## Health

Generic definitions of the concept of 'health' as either the absence of disease, or a state of perfect 'wellness' fail to capture the many ways in which health can be discussed and experienced (Thorogood and Coombes, 2000, p. 4).

'Health' refers not only to a quality or attribute of an individual, group or community, but also to a perception; either held by these individuals, or by others. These dual aspects of health as a property and a perception mean that health is both a state, that can be affected by "personal, social, biomedical, spiritual, emotional, and physical factors", and also an idea, or experience, that varies "between individuals, between professions, and between cultures" (Thorogood and Coombes, 2000, p. 4). The World Health Organisation recognises the dynamism of the concept of health, stating that health is "a resource for everyday living, not the objective of living" and emphasises that health is about "social and personal resources, as well as physical capabilities" (WHO, 1986, p. 1).

Comprehensive evaluation of any changes in health status requires appreciation of the multi-dimensional nature of health. In order to complement the available data on participants' physical health status, this evaluation has focused on collecting information about changes in health behaviours and safety practices, subjective experiences of health, and personal and social understandings of what 'health' means.

## Health education and health promotion

The health literature distinguishes between health education and promotion (Nutbeam, 1998, McKenzie et al., 2009). Health education aims to build health knowledge and individual capacity for health management. The Joint Committee on Terminology describes health education as

*any combination of planned learning experiences based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions (JCOT, 2001, p. 99).*

Health promotion encompasses not only education for individuals to improve their health, but also wider policy and institutional action to create enabling environments for health. The World Health Organisation, in the Ottawa Charter for Health

Promotion, defines health promotion as a “process of enabling people to increase control over, and to improve, their health”, noting that this is achieved not only through the education of individuals, but through political advocacy and “mediation between the different interests in society in the pursuit of health” (WHO, 1986).

Best practice in health promotion is understood to include action at a number of levels; from individuals and communities and their health literacy and capacity, to institutional capabilities, practices and partnerships, through to policy making and health investment. Comprehensive approaches that combine action at all these levels are seen as the most effective way for creating positive impacts upon health outcomes. The WHO also emphasises the importance of working in participatory ways with target audiences, and tailoring programs to local needs and contexts (WHO, 1986, p. 2, Nutbeam, 1998, p. 7).

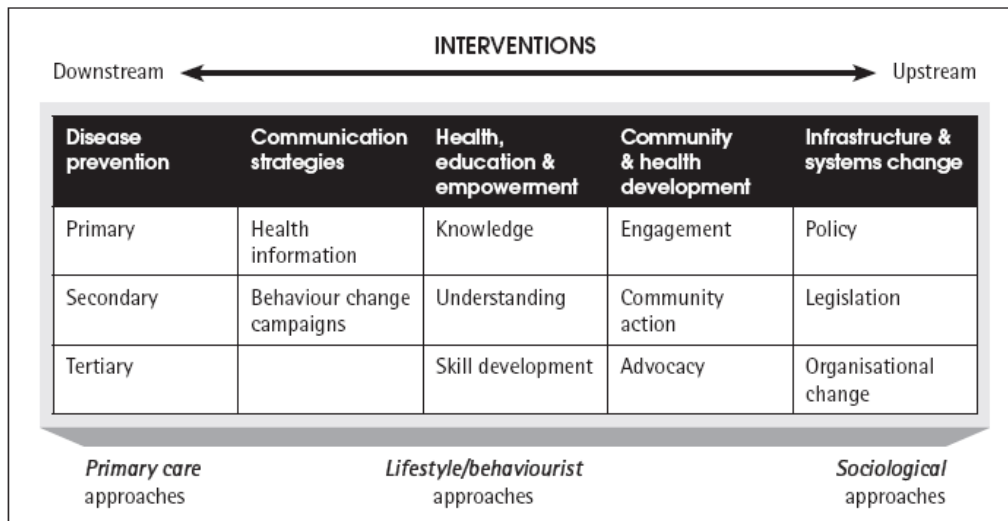
Evaluation of a health promotion program should then look for how the program under evaluation has endeavoured to create change at these different levels (Hawe et al., 1990, DHS, 2003, McKenzie et al., 2007, McKenzie et al., 2009).

In the case of the SFF program, this will involve not only investigating the impacts of the workshops on participants’ health status, but also measuring the effect involvement in the program has had upon the health promotion capacity of the local health agency staff and their organisations. Useful indicators here include the knowledge, skills, commitment and resources of staff, the commitment, culture, structure and resources of local agencies, and environmental factors such as political will, public opinion, and presence of supportive organisations (Wood, 2004). As the SFF program has not sought to effect higher level policy change, the evaluation will not incorporate methodologies to measure changes at this level.

Murphy and Kelleher (2003) classify health promotion interventions in three approximate levels; from individual to society and from primary to tertiary health care.

- Downstream: primary care; dealing with an individual who is ill or injured.
- Midstream: lifestyle, behaviour change approaches, characterised by health education, action learning, behaviour change interventions.
- Upstream: changing institutional structures such as policy, legislation.



**Figure 1. Health Promotion Framework (Murphy and Keleher 2003)**

Source: Murphy, B. and Keleher, H. 2003

The Sustainable Farm Families program is a lifestyle/behaviourist or midstream level intervention that combines elements of primary, secondary and tertiary approaches to health promotion. It is a communication and learning strategy that includes the provision of information with the aim of supporting individuals to take control of their own health. Achieving behaviour change relies on participants acting on the information they receive about their health through their health assessment and the information presented in the workshops.

The evaluation focuses on assessing the success of the SFF program in creating midstream effects; changes in the behaviour and health outcomes of participants and in the skills and activities of participating staff, but also discusses the possibility for influence upstream.

## Adult education

The approach taken in the SFF workshop program has been developed in appreciation of the fact that individuals learn in many different ways, and that learning occurs through experience, reflection and conceptualisation (Kolb, 1980). According to Knowles et al.(1998), successful adult education also depends upon appreciation of:

- The learner's need to know; what do they want to know and why?
- The self-concept of the learner; adults are autonomous and self-directing
- Prior experience of the learner; their mental models, their existing knowledge; these are the resources the adult learner brings to bear on new information and experiences
- Readiness to learn; related to life stage, professional development, or particular context
- The adult learner's orientation to learning; which is problem centred and contextual

- The motivation to learn, whether for the intrinsic value of learning and knowledge, and/or for personal reward.

Therefore a good adult education program, according to Fell (1997), should:

- Build on local experience and use the knowledge within the group or individuals.
- Make the learning environment comfortable and encouraging.
- Ensure that the learning activity meets the needs and relates to the problems of the client group.
- Involve the audience in planning their own learning experience.
- Have activities that involve people, are stimulating and encourage participation.
- Allow time for people to reflect on what they are learning- take difficult subjects slowly - be open to questioning.
- Build group and individual confidence by letting them know they are right. Build participants' confidence that they are making progress towards their learning goals.

Through observation at workshops, review of the program materials, and analysis of the responses from workshop participants, these criteria have been used to evaluate the quality of adult education provided by the SFF program.

### **Models of behaviour change**

Health promotion and education utilise a wide range of models of behaviour change drawn from social and behavioural psychology. These form the basis and assumptions upon which health promotion programs are designed and expected to create effects (Thirlaway and Upton, 2009). One of the most common theories used to explain individual behaviour is the 'health belief model', which hypothesises that health-related actions rely upon an individuals' perception of a particular disease or condition as serious, of themselves as susceptible to the condition, and a perceived net benefit of carrying out the preventative behaviour (Stretcher and Rosenstock, 1997).

The 'Transtheoretical Model' (Prochaska and Velicer, 1997, Prochaska et al., 2002) builds on the health belief model, arguing that changes in behaviour occur over time, in stages, are non linear (individuals move back and forth through the stages), and that change is affected by an individual's 'self-efficacy' (Bandura, 1977); or confidence in their ability to make the change, and continue to do it through challenging circumstances. Other factors influencing behaviour change include social norms, environmental factors, perceived relative benefit of making the change, capacity including knowledge and skills, whether the behaviour is consistent with the individual's self-image, and whether the individual has positive emotional reactions when conducting the behaviour (Grizzell, 2007, McKenzie-Mohr and Smith, 1999, Thirlaway and Upton, 2009).

Behaviour change theories apply not only to individuals, but also to social and peer groups. For example, Azjen and Fishbein's theory of reasoned action and planned behaviour (1980) considers the role of peers in the behaviour change process, arguing that behaviour change occurs through sharing of values amongst peers as well as sharing ideas for how best to create change; in this case in farm family health.

These concepts are important for evaluating the impacts of the SFF program upon participants' health related behaviours. The evaluation has investigated whether SFF has influenced individuals' knowledge of health conditions or consequences of poor lifestyle behaviours, their perceptions about the relevance of these conditions to themselves, and their perceptions of the barriers and benefits to different behaviours associated with preventing health problems. This has included questioning about whether the participants feel confident in their ability to manage their own health successfully, as well as what the results of action have been for participants. SFF participants were asked to describe any changes they made or intended to make to their lifestyle and behaviours following the workshops, to explore whether these changes were sustained, and what factors assisted or inhibited their ability to incorporate the changes into their daily life on an ongoing basis.

## Findings and Recommendations

At the time of this evaluation, the WDHS – DPI delivery of the Sustainable Farm Families program had been running for two years, and most of the farmer groups involved had attended two workshops over two years. From telephone interviews with 111 farmers, four focus groups with farmers, and five farm case studies in different industries, along with telephone interviews with 18 health professionals and 7 DPI facilitators, this evaluation has gathered information about the impact of the program over this period.

The perspectives, opinions and stories of these participants paint a rich picture of the value of the SFF program and the ways in which it is influencing farmers in their lifestyle and farm management behaviours. The impacts on the capacity of local health agencies and DPI staff are also discussed.

The findings of this largely qualitative study will later be brought together with the physical health outcome data being gathered throughout the program; to complete the picture of the change SFF is creating in farmer health and wellbeing in Victoria.

### *Impact on participating farmers*

Farmers are overwhelmingly positive in their feedback about the SFF program and the benefits it has had for them. A total of 964 farmers attended workshops in the first year (2007-08), and 73% returned for the second year workshops. Likewise, of the 111 farmers interviewed for the evaluation, all had attended the first year, and 73% the second. In the focus groups and case study interviews, almost all participants had attended both workshops in full, with one or two exceptions. The lower attendance at the second year workshop was attributed to the workshops clashing with other family or farm commitments, rather than dissatisfaction with the program.

#### **Impressions of the SFF workshops**

The standout elements of the SFF workshops for farmers were:

- The group learning approach and the peer support developed through opportunities to discuss experiences and share information with other farmers (identified by 47% of the interviewees, and in all the focus groups)
- The quality of the presenters, including that they “spoke your language”, they were local, and that there were both male and female health professionals present (31 comments in interviews, and noted in the Warracknabeal and Ararat focus groups).
- The value of the content; that it was useful, relevant, and that farmers particularly enjoyed learning new information (19 comments from the

interviews, and particularly pertinent in all focus groups). For many farmers the value of the content had been that it had made them reassess or look at their farming lifestyle in a new light (see comments from the focus groups).

- Specific activities in the workshops also featured heavily in farmers' comments; especially the supermarket tour and the 'gender bender' sessions for learning about men and women's health.
- The individual health assessments were appreciated by farmers; especially those who responded in the focus groups, who stated that they were "better than what you get from the GP" and a good way to measure health over time.

The vast majority of farmers (over 80%) reported that the workshops, both in the first and second year, left them feeling "inspired", "motivated", "revitalised", "energised" and "positive". Some commented that they were "exhausted" by the amount of information by the end of the day, and others that they were surprised or shocked by the results of their health assessment, although this was described as a positive motivator rather than a disempowering one.

### **Impact on capacity to manage health**

Capacity to manage personal health includes knowledge of health, skills to implement healthy practices, ability to access further support and information, and to make sense of relevant health information (for example test results from general practitioners), as well as confidence in ability to manage personal health.

The SFF workshops have clearly been very successful in increasing farmers' knowledge and awareness of health: 99% of farmers interviewed agreed that SFF had increased their knowledge of relevant health issues. Local health professionals and DPI facilitators also stated that the biggest change they have observed in workshop participants over the two years has been increased knowledge. Farmers identified a range of things that they had learnt from the workshops, including:

- The importance of health, and the need to prioritise health. This was particularly evident in responses in the focus groups, and from interviewees about the first year workshop. More women than men commented on this in the interviews.
- General health information, under the topics covered; cancer, cardiac health, mental health, diabetes, farm health and safety, men and women's health, the importance of diet and nutrition.

The program has left 93% of the farmers interviewed feeling that they have the tools to implement healthy behaviours, and 93% reported that they have increased confidence in their ability to manage their own health and wellbeing as a result of the SFF workshops. Most farmers (70%) felt that SFF had helped connect them to relevant health services. The health professionals interviewed commented that their contact with the participants after the workshops had varied, and often depended on the farmers making contact to ask questions or was more likely to occur informally and socially.

## Aspirations for health

Personal and social understandings of what good health means, together with expectations about what level of health an individual can aspire to, are important components of motivation and confidence to undertake lifestyle change. Farmers were asked to describe an ideal healthy farmer and then to reflect on whether they themselves were healthy.

The picture of ideal health for the farmers consulted was equally about physical and mental health; they felt that an ideal healthy farmer would be:

- Mentally and emotionally healthy, able to cope with stress (63 descriptions in the interviews included this, as did all the focus groups)
- Physically fit and active (59 comments from interviews, all focus groups)
- Socially connected, with good relationships (27 comments, all focus groups). This included a number of observations about good communication and men and women being considerate of one another's stresses and needs.
- Health conscious and undertaking preventative measures such as health checks (23 comments, all focus groups)
- Good diet and a healthy weight (21 comments, all focus groups)
- Organised, a good time manager and planner (13 comments, and particularly discussed in the focus groups; one of the major elements in these discussions was that the farmer would be able to find a work-life balance)

Over half of the interviewees described themselves as healthy or reasonably so, according to the descriptions of ideal health they gave<sup>2</sup>. Some identified aspects where they felt that they could be doing more, and many pointed to the efforts they had been making to improve their health as a result of the workshops. This indicates a good connection between farmers' image of 'good health' and their belief that it is personally attainable.

In the focus groups, the discussion about whether the ideal type was reflected in reality turned to the farming population in general, and the groups discussed their concerns that there was a long way to go; that mental and physical health in farming communities is poor and far from assumptions about farming life being healthy.

## Impact on health and lifestyle behaviours

The most common changes that participants reported making as a result of the SFF workshops were:

- Increased cardiovascular exercise (54% of interviewees, all focus groups, and all case studies); mostly incidental exercise such as walking around the farm, although many also reported going to the gym, bike riding, running, or joining sports clubs. Changes such as taking up sport or going to the gym tended to be

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<sup>2</sup> The 2009 follow-up health assessment data are not yet available to compare farmers' perceptions of their health with measured physical health indicators.

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facilitated by social support; that farmers were doing these activities with friends, workshop participants, or their families.

- Dietary (53% of the interviewees, all focus groups, and all case studies), including reading labels, changing food purchases, and reducing portion sizes
- Rebalancing lifestyles, particularly by taking holidays, increasing leisure time, and family time (19% of interviewees, all focus groups had one or two people that had made this kind of change)
- Getting regular health checks (14% of interviewees, more frequent in the focus groups).

Most of the participants (38% interviewed) were going well with their changes, and many were seeing results and enjoying the change. Approximately one third reported that they had made progress with some success, along with experiencing some difficulties in incorporating changes, making time for changes, or maintaining changes. A small proportion were struggling with their changes (12%), citing time, other things happening on the farm, the difficulty of the action itself, or health problems as obstacles.

The farmers interviewed were very positive when asked whether they saw themselves maintaining changes; 95% said that they would. The reasons for this included that they were benefiting from the changes, enjoying the changes, that they feel their mindset and priorities have changed and that this will continue to influence their choices, and that the change is a sensible and important thing to continue.

### **Family responses to changes**

Almost all farmers interviewed (90%) reported that SFF had created more discussion about health within their families. Farmers also found that implementing lifestyle changes had gone well within their families. For 46% of interviewees, their families had responded positively to changes; they were included in and approved of the changes.

For 43% of interviewees (and the Benalla focus group) family was not affected or not interested in the change; either because they don't have children, children are not living at home, or children were too young to be affected by the particular change.

Only seven interviewees reported any problems, and issues such as children resisting new healthy foods were discussed humourously in the focus groups. A small number commented on difficulties encountered if their partner had not been involved in the workshops. In both examples, farmers highlighted the value of couples attending the workshops together; to support and motivate one another through the change, and to present a "united front" to children.

## **Impact on safety practices and risk of accidents**

When asked whether the SFF program had helped them to change or address farm safety issues 75% of farmers agreed. However, when they were asked to describe what changes they had actually made, responses varied. Just over half of the farmers interviewed (51%) reported that they had made changes to their safety practices as a result of the workshops (49% had made no changes). The 51% who made changes included 31% of the farmers interviewed, who had taken action to change aspects of their farm, including obtaining and/or starting to use protective equipment such as helmets, retrofitting equipment such as ground level mechanisms for opening silos, and guards for augers. One fifth (20%) felt that they had simply increased their awareness, and were more safety conscious when working.

Many farmers (41% of those interviewed) felt that these safety changes (whether concrete or increased awareness) had had positive effects:

- That they were now more likely to plan more carefully, and to be prompt in rectifying possible safety issues
- That the farm workplace is now a safer place to be
- That they had less worry and increased peace of mind about their farm and safety.

The workshops have contributed to these changes in the following ways:

- The graphic images used in the first year workshop were memorable, meaning that the message had an impact at least on the memories of participants
- The graphic images and the space allocated in the workshops (both formal and in the breaks) stimulated and allowed farmers to discuss safety with one another
- Presenters with farming knowledge (particularly DPI facilitators and WDHS presenters) were able to answer questions and to deal with farmers' concerns
- Props such as new styles of helmets were used well to allow farmers to experiment with safety equipment in a hands-on way, and perhaps to overcome some of their reservations about practicality and aesthetics.

## **Impact on physical and mental health**

The baseline data collected in the first year of workshops (2007-08) demonstrates that Victorian farmers' physical health at the beginning of their involvement in the SFF program was poor. Of the 964 farmers who attended workshops, 70% were referred for additional health attention following the individual health assessments in the workshops; mostly for diabetes and cardiovascular disease. The majority of the farmers to attend SFF workshops were either overweight (46%) or obese (24%); 33% have impaired glucose tolerance, indicating diabetes or pre-diabetes, 37% recorded above normal blood pressure readings, and 43% reported unsatisfactory hearing in one or both ears. Alcohol consumption was high (84%), and 54% of farmers reported drinking at high risk levels at least once a month.



The change in farmers' physical health is best measured through the health assessment data, and as yet the 2009 follow-up data is not available in order to measure progress from the baseline figures.

However, 38% of the farmers interviewed in 2009 reported feeling either or both physically and mentally better as a result of the lifestyle changes they had made; whether they had successfully achieved goals, or were working towards them. Most of these comments related to feeling "empowered", "motivated" and generally more positive about themselves and their health.

### **Impact on ability to cope with challenging circumstances**

The 2007-08 baseline data show concerning links between farmers' poor health and their ability to undertake normal work activities. More than one third (36%) of all SFF participants (964) reported experiencing body pain (from moderate to very severe) in the four weeks prior to their first year workshop, and 43% of farmers stated that health interferes with their daily work activities. It will be important to track change in these indicators in the 2009 follow-up data.

However, the qualitative data (2009) indicate that positive impacts on farmers' health have led to improved ability to cope with challenging and changing circumstances. Almost half of the farmers interviewed made an explicit link from their health to their farm management capabilities, and one quarter then made the further link to the success of their farm businesses.

The 47% who stated that the lifestyle changes they have made as a result of SFF have positively impacted on their farm management, said this had been in the following ways:

- They have changed their practice to work more safely (13 comments)
- They are achieving a better work-life balance, by taking more leisure and family time (12 comments)
- Their personal health has increased, so their ability to manage their farm well has improved (11 comments)
- They are working more efficiently, and with health in mind (8 comments)

The 25% of interviewees who feel that this improved management capability is contributing to the success of their farm business explained that this was because they are making better management decisions, and/or their safer work practices are making their work easier and more efficient. Others noted that business success is dependent on a wide range of external factors.

While other interviewees did not make these explicit links, it is expected that increased knowledge and confidence to manage personal health together with increased peer support from workshop attendees, resulting in improved mental health and more positive outlooks, have provided farmers with improved ability to deal with the stresses of changing external circumstances.

In addition, data from the questionnaires completed by all SFF participants (964) in their first workshop show that prior to the first workshop, 66% of women and 78% of men rated the relationship between health and farm productivity as 'very important'. By the end of the first workshop, this had changed to 89% of women and 97% of men rating the link between health and farm productivity as very important.

This issue was further explored in the focus groups and case studies, as well as the interviews with health professionals and DPI facilitators, where a number of external factors that impact on farmers' health were identified. These included those that impact negatively:

- Drought
- Hard work, long hours, difficulty of finding time away from the farm and "switching off" from the work
- Financial stress
- Economic pressures such as market forces and price changes
- Uncertainty (related to a wide range of external factors; drought, weather, climate change, commodity prices)
- Declining rural populations
- Access to health services, particularly specialists
- Succession difficulties
- Access to sporting facilities
- Increasing mechanisation reducing opportunities for physical activity
- The emotional toll of poor farm performance; dying livestock or crops
- Health and safety risks such as chemicals, machinery, working at height, working with livestock

The health professionals and DPI facilitators were of the opinion that the SFF program is already doing well at enabling farmers to deal with these external circumstances, by building their capacity to deal with stress, and manage themselves in the face of difficult external factors. One of the DPI facilitators suggested that the message about good management in the face of challenging conditions could be reinforced. Three of the health professionals and two of the DPI facilitators recommended that DPI staff be given opportunity to present and/or incorporate more of a focus on good farm management, including financial and environmental management. Other suggestions were that farmers continue to be followed up, and as happens in many cases, be provided with information about relevant local health service providers, as this would be a good way to further support farmers to develop this capacity.

It is important to note that farmers spoke enthusiastically and with warmth and passion of the aspects of farming that they like, and that promote health. These included:

- Living in the bush, being in the natural environment
- Peace and quiet, and space to be alone
- Being self employed, responsible for your own work

- The variety of work
- The flexibility of the working hours
- Distance to sources of unhealthy food
- Children have an active lifestyle on the farm
- Being outdoors, in the fresh air, getting Vitamin D
- Opportunity to grow own food and support a healthy diet
- Community support available in small rural populations

## *Impact on organisations*

### **Capacity of local health professionals**

Most of the eighteen local health professionals interviewed for the evaluation have previous experience in health promotion; six work full time on health promotion activities, three divide their time between health promotion and clinical work, and three undertake health promotion together with clinical and managerial/administrative work. The health promotion activities they are involved in are wide ranging and include screening programs, group work, chronic disease management, and general information provision. Their organisational resources in terms of staff and funding varied widely depending on the size of the agency.

The health professionals felt that they had benefited in a number of ways from their involvement in the SFF workshops. Fourteen of the interviewees had increased their knowledge of issues relevant to farming, and felt that they better understood and were better connected to the farming component of their communities. Eight had built their skills in presenting to and working with groups of people, while seven felt that they were already experienced in this.

These are heartening results, given that previous research<sup>3</sup> has demonstrated that SFF health professionals perceive farming health issues as complex and the farming population as difficult to engage (Brumby and Smith, 2009). This perception tends to be accompanied by assumptions that the farming population, particularly men, are “stoic” or “casual” about their health, and thus difficult to involve in health promotion initiatives. However, the same research found that health professionals demonstrated openness to changing their approach and learning new techniques for health education with farmers. It is evident from the results described above that health professionals feel their involvement in SFF has helped them to build these capabilities.

As a result of their changed knowledge and skills, eight health professionals reported that they had changed the way their organisation works in health promotion; either that they now plan and resource health promotion projects more appropriately, that they are working with industry groups on other projects, or that their organisation

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<sup>3</sup> Focus group discussions were conducted during four SFF ‘Train the Trainer’ sessions, with a total of 75 rural nurses, 8 DPI staff, and 5 program support staff, in 2008 (Brumby and Smith 2009).

has become more relevant and connected to farmers in their area. Three of the health professionals felt that they had become better connected to other organisations; WDHS, DPI and the industry groups, which indicates increased social capital.

### **Capacity of DPI facilitators**

The seven DPI facilitators involved in SFF workshops felt that they had increased their knowledge of health, particularly with regard to the indicators of stress and depression. For five of the interviewees this had translated into change in the way they work with farmers, in that:

- Health is now a topic of conversation with farmers (it depends on the facilitator as to how forward they are with this), and
- They take a more holistic approach to working with farmers on their business planning; that health is now considered.

One of the facilitators also said that they now make sure healthy food is organised for any workshops they run for farmers.

The facilitators mostly did not feel that their skills in working with groups had increased, as they are already experienced in this, but had found that the experience had confirmed their knowledge of what works in facilitation, or had provided them with an opportunity to test their skills in a different setting.

They did not feel that the SFF program had had any impact on DPI more broadly; as the involvement of the department had been limited to the specific staff involved, and that the profile of the DPI within SFF had not been high, nor connected to the other extension work the facilitators carry out. One of the facilitators suggested that the impact could be extended by presenting “snapshots” of SFF workshops to other DPI staff; to get them interested in and aware of farmer health.

### ***Delivery of the SFF program***

According to the health professionals and DPI facilitators, the following aspects of the SFF program delivery are working well:

- The focus on group learning, and opportunities for participants to interact with one another (18 comments)
- The quality of the workshop content (8)
- Individual health assessments for participant (7)
- The variety and pacing in the workshop program (6)
- That the presenters are local and knowledgeable (3)
- Collaboration between organisations – the value of combining health and agriculture (6)
- The support provided by WDHS presenters (2)
- Action planning
- Couples attending the workshops together

The concerns they articulated were:

- The burden of administration and reporting; including getting up to date versions of forms and workshop materials (9 comments)
- That WDHS's control of the workshop content limits opportunities for addition of local knowledge and expertise, whilst recognising the importance of having a consistent product across the state (9)
- The amount of paperwork for participants (8)
- The communication between local health professionals, WDHS management and presenters, and DPI facilitators before the workshops not being sufficient nor early enough in some cases (5)
- The difficulty of recruiting farmers to workshops; either because the industry partner is not effective or farmers are reluctant to commit two days (4)
- The difficulty of retaining workshop participants, due to the two day commitment
- That sessions can be repetitive
- That funding is required to continue to run the workshops
- The DPI facilitators were also concerned that some of the health professionals require further support and training in presentation and group work.

A number of suggestions were put forward for addressing these concerns, mainly those relating to recruitment and retention of participants;

- That the normal workshops be complemented by "teasers" or short sessions on different topics, to attract a wider audience that may then attend the full program,
- As already happens in some cases, using local ambassadors (previous program participants) to promote the workshops to a new audience
- That in order to support the extension of the program, and reduce the burden on WDHS presenters, to 'decentralise' and work with experienced SFF presenters across the state to support new workshop presenters, and thus have more local capacity for delivering 'teaser' sessions alongside the normal workshop model.

## Recommendations

The Sustainable Farm Families program has clearly been very well received by farmers, local health professionals and DPI staff. It is operating in an area of need, as evidenced by the concerning picture of farmer health depicted in the 2008 baseline farmer health data. According to reports from farmers and program staff, it is achieving impacts in farmers' knowledge, attitudes and capacity to manage their health, in their health and lifestyle behaviours, in their farm safety practices, and in turn in their physical and mental health. Furthermore, farmers report that these changes are leading to improved farm management ability, and in some cases, better farm business performance. A number of recommendations are made here for how the program can continue its successes and improve and expand in the future.

### Recommendation 1.

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*The following aspects of the program have been integral to its success, and should be maintained. Where appropriate, some suggestions have been made for how these can be improved or extended.*

**The group learning approach.** Farmers appreciate and benefit from the peer support and social interaction in the workshops. This is conducive to learning; to making sense of new information in conjunction with shared local norms and peer understandings, and also for continued support to make change after the workshops.

**The adult and experiential learning approach** that caters for different learning styles, allows space for reflection and discussion, and invites farmers to contribute their knowledge and experiences. This should continue to be supported by good facilitation; for example, once farmers have discussed their existing knowledge on a topic, the presenter acknowledges what has already been said when presenting the material: "As we discussed before..." or "As X said..."

**The quality of the content.** Both farmers and health professionals appreciate that the material presented in the workshops is soundly researched and up to date. The program website has been valuable in allowing health professionals to easily access updated materials before their workshops.

**Providing individual health assessments.** These make links between the information provided and farmers' personal health, complement the group work, alert farmers to unknown or untreated health issues, arm farmers with knowledge to take to their general practitioner, and provide a means for farmers to track their progress over time.

**Working with local presenters.** This provides opportunities for farmers to connect with local health professionals, draws on expertise across the state, and builds local health professional capacity to work with farmers in health promotion.

**The partnership between the DPI and WDHS** has provided opportunities for health professionals' health promotion and clinical knowledge to be complemented by DPI facilitators' group work skills and agricultural knowledge. This could be extended by:

- Further articulation in the SFF 'Train the Trainer' workshops of the respective roles of health professionals and DPI facilitators and the value of each contribution.
- Encouragement for local health agencies and regional DPI staff to work together, not only on SFF; but also, for example, to coordinate events or have a health section in a field day and vice versa.
- Emphasising the importance of the Health and Decision Making session to be delivered by DPI facilitators in the third year workshops. Delivered well, this session has the potential to reinforce the message that health is a key factor in a farm business, as well as be a good point for DPI staff to provide farmers with information and local contacts for agricultural or financial services.

**The long-term, follow-up nature of the program.** Holding the SFF workshops over three years allows farmers to build on their knowledge over time, to review and reflect on their progress in integrating new health behaviours into their life and work, and for peer relationships to be built and reinforced. The two-day format is also instrumental in developing peer support.

- Follow-up from health professionals on farmers' action plans is important to assist farmers in achieving their goals.
- Many farmers expressed interest in meeting with their groups more frequently or beyond the three years. In cases where it is not possible for the local health agency or DPI extension officer to support these extra activities, the suggestion can be made to farmers that they nominate an individual or decide as a group to organise to meet again.

## Recommendation 2.

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*Some areas of concern were identified by health professionals, DPI facilitators and farmers. Suggestions for addressing these areas include:*

**That the skills of local health professionals in group facilitation be improved.** While many local health professionals are very skilled in group facilitation, others are less confident and experienced. This could be addressed by:

- Making explicit the principles of good facilitation in the 'Train the Trainer' workshops. For example, when the trainer has completed an activity, discussing with the participants how the activity worked and why; by identifying and explaining to the group what facilitation skills and techniques were at play and/or needed.
- Where possible, providing opportunities in the 'Train the Trainer' workshops for health professionals to practice facilitating activities with their peers.
- As planned for the Summit workshop this year, providing health professionals with activities to reflect on their own learning style, to better appreciate that farmers will respond differently to different presentation methods.

**That recruitment of workshop participants be improved, particularly the role of industry partners.** This could be assisted by:

- Increasing the instances where health professionals, DPI facilitators, and/or WDHS staff visit industry group meetings to introduce the program.
- As has happened for new SFF workshops, providing local health professionals and industry partners with short promotional materials (flyers, postcards, one page) that briefly outline the program, and emphasise the benefits to farmers of attending.
- As has occurred in some cases, working with previous participants as ambassadors for the program, or including previous participants' stories, quotes or pictures on promotional material (with permission). Ambassadors should be reimbursed for their time and/or costs of involvement.
- Small introductory sessions or 'teasers' on particular topics could be held prior to or alongside the normal workshop program; to attract farmers reluctant to make a longer commitment.
- Further investigation of the perspective of the industry groups will also take place in the final year evaluation (2010).

**That DPI facilitators, local health professionals and WDHS health professionals are in communication well before workshops** to allow for preparation, coordination, and relationship building.

**Where possible, ensure that the administrative burden for farmer participants and local health agencies is minimised.** It is understood that this is a research study, necessitating a certain amount of paperwork, and assumed that the program managers will continue to be mindful that data collection and reporting are efficient.



### Recommendation 3.

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*The SFF is a high quality, successful program. The following suggestions are made for expanding the program and working towards 'upstream' impacts:*

**Investigate opportunities for expanding the size of the program.** This could include training other local health agencies and/or specific health professionals to take on greater roles in delivery, for example, as regional coordinators who support other local health professionals to deliver their workshops.

**Explore opportunities for expanding the impact of the SFF program to DPI staff more broadly.** Training DPI extension staff in how to consider farmer health in farm business planning and discuss health with farmers would add value to DPI's service provision to farmers. Such sessions could also support DPI staff to manage and improve their own health, thereby being able to model the experience of attaining a healthy lifestyle.

**Plan the communication of the research findings from the program to policy makers with a view to influencing broader policy and practice in rural health.** The lessons from the SFF program about rural and farmer health are already substantial, and by the end of the study, a comprehensive account of the state of Victorian farmer health will be gathered. Together with the activities of the newly formed National Centre for Farmer Health, communication of the SFF findings to policymakers in relevant government departments will be important for improving responsiveness and quality of service provision to the farming population.

## Methodology

The perspectives of a total of 153 farmers who have been involved in Sustainable Farm Families workshops were gathered through telephone interviews, focus groups and on-farm case study visits during July and August 2009.

Local health professionals (18) who have been involved in presenting SFF workshops were invited to comment via telephone interviews during the same period, along with three WDHS health professionals and the seven DPI facilitators who assist in the presentation of the workshops.

In line with the aims of the evaluation, the majority of questions asked through these methods were open-ended and qualitative responses were gathered. The different methods were selected in order to complement one another: the interviews allowed for individual perspectives, focus groups evoked shared responses and learning amongst farmers, and the on-farm case study visits provided insight into the everyday lives and challenges faced by farmers in different industries.

The sample sizes and total populations of each of the groups contacted for the evaluation are included in the table below (Table 1).

**Table 1. People contacted for the evaluation, July-August 2009**

Key group	Total population (no. of contacts provided)	Sample contacted for the evaluation	Method
Farmers who participated in SFF workshops	941, from 50 workshops across Victoria	153, from 49 workshops	Telephone interviews (111) Four focus groups (32) Five case study visits (10)
Local health professionals	43, from 28 local health services	18, from 18 local health services	Telephone interviews
WDHS health professionals	4	3	Telephone interviews
DPI facilitators	7	7	Telephone interviews

Alongside the questioning techniques, observation was undertaken at two workshops (one Year 1 and one Year 2) and textual analysis was employed to review the program materials.

It is intended that this qualitative study will complement the existing data collected throughout the program on physical health outcomes for the participants over the three years of their attendance at SFF workshops. While baseline data from the 2007-08 workshops has been analysed, and is included in this report, the data from the second year workshops (2008-09) are not yet available. As such, the comparison between farmer and health professionals' reports of change and change observable in the physical data cannot yet be undertaken. This will be inserted at a later date.

The various data collection techniques used in this evaluation are explained in Table 2 below. The detail of the sample is included as an appendix; see Figure 12, p. 125.

**Table 2. Summary of data collection methods**

Method	Detail
Telephone interviews with participants	Paired interviews with couples that attended workshops; 55 males, 56 females = 111 total interviews. Between one and four people interviewed from each of 48 SFF workshops.
Focus groups with participants	Four groups, in locations selected as central points in areas where there had been a number of workshops. Total 32 participants. <ul style="list-style-type: none"> <li>• <b>Benalla</b>, 13<sup>th</sup> August, 7 participants (4F, 3M), from the Euroa, Mansfield, Benalla and Violet Town SFF workshops</li> <li>• <b>Camperdown</b>, 18<sup>th</sup> August, 15 participants; men (7) and women (7) in separate rooms, from the Lismore, Camperdown, Colac, Timboon and Winchelsea workshops</li> <li>• <b>Ararat</b>, 19<sup>th</sup> August, 5 participants (3F, 2M), from the Stawell, Glenthompson and Beaufort workshops</li> <li>• <b>Warracknabeal</b>, 20<sup>th</sup> August, 6 participants (3F, 3M), all from the Warracknabeal workshop</li> </ul>
On-farm case study interviews	5 on-farm visits to interview farming couples: <ul style="list-style-type: none"> <li>• Orchardists near Shepparton</li> <li>• Dairy farmers near Cobden</li> <li>• Sheep farmers near Avoca</li> <li>• Mixed farmers near Donald</li> <li>• Mixed farmers near Wedderburn</li> </ul>
Telephone interviews with program staff	Local health professionals that deliver workshops (18) WDHS health professionals that deliver workshops (3) DPI facilitators (7)
Observation at workshops	Year 1 workshop (2 days) – Mansfield Year 2 workshop (1.5 days) – Leongatha
Review of existing evaluation data – analysed by WDHS and partners	<ul style="list-style-type: none"> <li>• Participant pre and post knowledge surveys</li> <li>• Baseline physical health outcome data</li> <li>• <i>Pending: 2009 health outcome data</i></li> </ul>
Review of program materials	Manuals for presenters and participants

## Farmer Perspectives

Almost one thousand (964) farmers across Victoria have participated in the SFF workshops delivered in partnership by WDHS and the Victorian DPI. For this evaluation 153 farmers provided their thoughts on their experience with SFF as well as their understanding of and aspirations for health, and their thoughts on the particular challenges and opportunities that a farming lifestyle provides for being healthy.

They contributed to the evaluation either by responding in a telephone interview, attending a focus group with other farmers or hosting Roberts Evaluation researchers for an in-depth interview on their farm (five case studies).

The stories, thoughts and observations uncovered through this part of the evaluation are summarised under three sections; one for the telephone interviews (p. 29), one the focus groups (p. 54), and one for the five case study couples (p. 82).

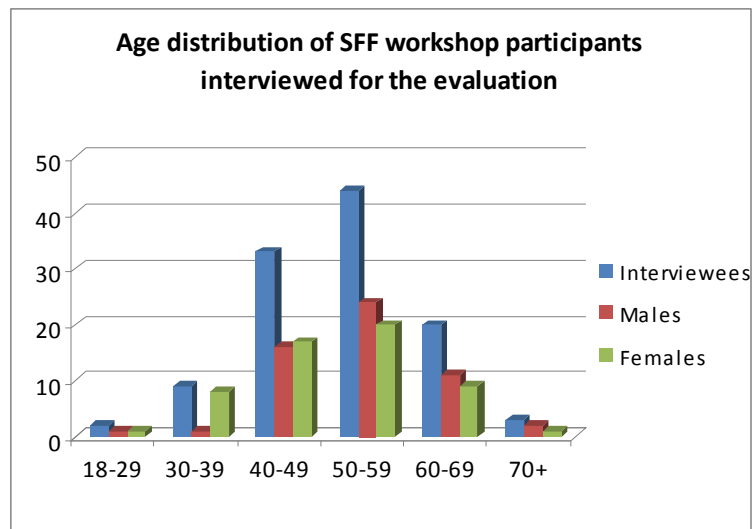
## Interviews with farmers

A total of 111 participants in 48 SFF workshops were interviewed by telephone by Roberts Evaluation researchers from 7<sup>th</sup> – 24<sup>th</sup> July 2009. WDHS provided contact details for 941 SFF participants<sup>4</sup>. These were stratified by gender, workshop and industry type<sup>5</sup>, and interviewers randomly selected potential interviewees within these categories. Participating in the interview was voluntary and respondents were assured confidentiality.

Men and women were represented equally in the sample; 55 men and 56 women were interviewed. The sample included 44 couples (88 individuals) and two family pairs (one a father and daughter, the other two sisters). Interviews were conducted individually, with the exception of a small number of cases where couples particularly wanted to respond together.

The majority of the interviewees (69%) were aged between 40 and 59 years (Figure 2).

**Figure 2. Age of SFF workshop participants interviewed for the evaluation**



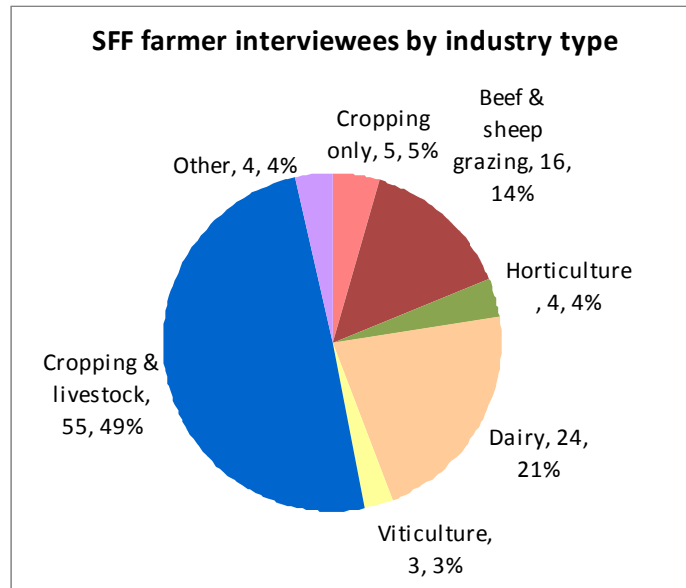
Most interviewees (67, including 27 couples) have adult children. Twenty-three (including 8 couples) are raising adolescents, and 18 (including 5 couples) have small children under the age of ten. Only three of the farmers interviewed do not have children.

<sup>4</sup> All 964 participants were contacted by WDHS prior to the evaluation and given the opportunity to request that they not be contacted. 23 people took this option, so their contact details were not provided to Roberts Evaluation.

<sup>5</sup> Industry type was estimated by WDHS management, according to records of the industry groups involved in each workshop.

The majority (49%) of the interviewees were mixed farmers (cropping and livestock), followed by dairy (21%), beef and sheep grazing (14%), cropping only (5%), horticulture (4%), viticulture (3%), and 'other' (5%) (Figure 3).

**Figure 3. SFF farmer interviewees by industry type**



Most interviewees (72 of the 97 who responded to this particular question; 74%) stated that they work full time in farming. Eight interviewees (3 men, 5 women) stated that they work full time, or earn the major part of their income, off-farm and 16 (7 men, 9 women) that they work part time off farm. One respondent was retired.

### The first year workshop

All 111 respondents attended the first workshop, with only two people missing the second day of the workshop.

Interviewees' memories of their first SFF workshop were most commonly that it was about health, healthy lifestyle, diet and exercise (52 comments). The individual health assessments also stood out (33 comments). Other aspects recalled by interviewees included:

- That it was informative, that they "got a lot out of it" (17 comments)
- The supermarket visit and learning how to read food labels (13)
- Farm safety, particularly the gruesome pictures of accidents (11)
- The quality of the presenters (11)
- The workshop was well organised/structured (10)
- Need to look after my health, regular doctor's visits
- Being surprised at their own or others' poor results in the health checks (4)
- The experience of being with a group of people talking about health issues in a supportive environment (3)

- That they found out about an existing health condition (2)

Three people commented that they did not have a good time at the workshop; one felt that it was too long.

### **Learnings from the first year workshop**

Participants in all the first year SFF workshops completed pre- and post-workshop knowledge questionnaires. When farmers were interviewed for this evaluation, in September 2009, they were asked to think back to the first year workshop and identify what they had learnt. The results of each data collection method are described below.

#### ***Pre- and post- first year workshop knowledge questionnaires (2007-08)***

Men's existing knowledge (see Table 3) was strong (50% or more correct responses) on rural vs. metropolitan health, risk factors for and prevention of cardiovascular disease, risk factors for diabetes, exercise type, risk factors for and detection of bowel cancer, dietary fat requirements, incidence of farm injuries, genetically linked diseases, and leading cause of death for Australian men. Men's knowledge was originally low (less than 50% correct responses) on: life expectancy, amount of exercise, prevalence of anxiety and depression, treatments for prostate cancer, impotence rates and treatment, and dietary fibre requirements. In all areas (except knowledge of the leading cause of death for Australian men), men's knowledge increased significantly by the end of the first year workshop (Kearney, 2009).

Women's existing knowledge (Table 4) was high (50% or more correct responses) on rural vs. metropolitan health, risk factors and prevention of cardiovascular disease, risk factors for diabetes, recommendations for exercise, incidence of depression, risk factors and detection of bowel cancer, hormone therapy, dietary fat requirements, incidence of farm fatalities, and genetically linked diseases. They had lower knowledge (less than 50% correct responses) of life expectancy, recommended amount of exercise per week, female incontinence, incidence of menopausal symptoms in Australian women, dietary fibre requirements, and the leading cause of death for Australian women. In all areas women's knowledge increased significantly by the end of the first year workshop (Kearney, 2009).

**Table 3. Men's pre- and post-knowledge questionnaire responses, first year SFF workshops 2007-08 (n=516), (Kearney, 2009)**

Question	Pre-workshop % of correct responses	Post-workshop % of correct responses	Significant Improvement in knowledge
Who has the better health status, metropolitan or rural men?	86%	99%	Yes
At what age do you think the average Australian female dies?	29%	54%	Yes
At what age do you think the average Australian male dies?	20%	43%	Yes
What are the 3 major risk factors for cardiovascular (heart attack, stroke, heart disease) disease?	83%	94%	Yes
List 3 things that assist in the prevention of cardiovascular disease	51%	84%	Yes
List 2 major risk factors for diabetes	65%	86%	Yes
What does the National Heart Foundation recommend as the best form of exercise?	87%	92%	Yes
How much exercise does the National Heart Foundation recommend per day?	85%	98%	Yes
How often should you exercise per week?	33%	78%	Yes
The percentage of Australian adults that experience anxiety or depression is:	43%	77%	Yes
What are the risk factors for bowel cancer?	67%	93%	Yes
How is bowel cancer detected?	51%	90%	Yes
List two methods by which we can treat prostate cancer	19%	68%	Yes
The impotence rate in men over fifty is:	27%	47%	Yes
What are two treatments for impotence?	5%	89%	Yes
How much fat is required in grams per day in our diet?	50%	97%	Yes
How much fibre is required per day in our diet?	25%	85%	Yes
Every three days a person is fatally injured on a farm in Australia	70%	99%	Yes
List two diseases which are genetically linked	62%	94%	Yes
What is the leading cause of death for Australian men?	76%	72%	No



**Table 4. Women's pre- and post- knowledge questionnaire responses, first year workshops 2007-08 (n=434), (Kearney, 2009)**

Question	Pre-workshop % of correct responses	Post-workshop % of correct responses	Significant Improvement in knowledge
Who has the better health status, metropolitan or rural women?	80%	97%	Yes
At what age do you think the average Australian female dies?	41%	93%	Yes
At what age do you think the average Australian male dies?	40%	88%	Yes
What are the 3 major risk factors for cardiovascular (heart attack, stroke, heart disease) disease?	85%	91%	Yes
List 3 things that assist in the prevention of cardiovascular disease	73%	93%	Yes
List 2 major risk factors for diabetes	83%	95%	Yes
What does the National Heart Foundation recommend as the best form of exercise?	88%	95%	Yes
How much exercise does the National Heart Foundation recommend per day?	93%	98%	Yes
How often should you exercise per week?	33%	88%	Yes
The percentage of Australian adults that experience anxiety or depression is:	64%	86%	Yes
What are the risk factors for bowel cancer?	79%	93%	Yes
How is bowel cancer detected?	65%	93%	Yes
Women over 50 suffer a degree of incontinence, which interferes with daily life at the rate of:	30%	78%	Yes
What is hormone therapy?	97%	92%	Yes
What percentage of Australian women experience mild to moderate menopausal symptoms?	40%	53%	Yes
How much fat is required in grams per day in our diet?	51%	97%	Yes
How much fibre is required per day in our diet?	20%	98%	Yes
Every three days a person is fatally injured on a farm in Australia	76%	98%	Yes
List two diseases which are genetically linked	78%	98%	Yes
What is the leading cause of death for Australian women?	33%	63%	Yes

## Interviews, 2009

When asked in the 2009 interviews to identify what they had learnt from the first workshop, men and women's responses varied somewhat (Table 5).

More women (21) than men (10) named the importance of looking after health and having regular health checks. Although one woman commented that she felt her husband had taken on this lesson as well:

*"Life tends to be all work, work, work and we really learnt that health needs to be prioritised. My husband has been particularly good about this. I used to have to nag him about health checks for blood pressure but now he just takes himself off and does it himself. That's been good for me."*

More men (23) learnt about diet, nutrition and how to interpret food labels than women (16). More men (21) than women (12) noted learning about health issues in general or increasing their awareness of health. More men (14) than women (4) learnt of the benefits of exercise. Equal numbers of men (10) and women (10) learnt about farm safety. Note that interviewees made multiple comments about what they learnt.

**Table 5. What participants learnt from the first year workshop**

Men	No. of comments	Women	No. of comments
Diet, nutrition, and how to interpret food labels	23	Importance of health, the need to look after your health and to have regular health checks	21
Health issues in general, awareness of health issues	21	Diet, nutrition, and how to interpret food labels	16
Need for, benefits of, and amount and type of exercise	14	Health issues in general, awareness of health issues	12
Importance of health, the need to look after your health and to have regular health checks	10	Farm safety	10
Farm safety	10	Mental health	5
Diseases and health risks	7	Other	5
Men's health	3	Need for, benefits of, and amount and type of exercise	4
Mental health	2	Diseases, health risks	3
That rural health is poor	1	That rural health is poor	3
	91		79

Three men and three women stated that they felt they already knew a lot, and that the workshop had reinforced this existing knowledge. One commented on the value of the group setting:

*"I was already pretty up to date with a lot of this information so I didn't really learn anything new but it was a valuable session and good to get together with others to discuss similar problems."*

## Leaving the first workshop

The majority of interviewees (90; 81%) left their first workshop with positive feelings:

- Twenty eight interviewees reported feeling "motivated to make changes", "enthusiastic" or that they had support to enable them to address health and safety issues:  
*"I was really pleased with the examination as it gave me a real picture of my health levels. I left feeling very enthusiastic and motivated and am looking at enforcing some changes".*
- Twenty interviewees indicated they left the workshop feeling that they were more aware and informed about health and safety issues; for example:  
*"I felt good. I tend not to worry about my health much but I felt informed and more aware of what I could be doing."*
- Fifteen felt they had got a lot out of the workshops and were glad they had attended.
- Ten left feeling positive and confident.
- Seventeen simply felt "good".

Nineteen interviewees (17%) expressed reservations when describing their feelings at the end of the first workshop, for a number of reasons:

- Five people had become aware that they had problems and needed to look after themselves better.
- Six interviewees expressed anxiety about achieving their goals
- Five interviewees felt the workshops had been of limited use for them
- Three people said that the workshops confirmed what they already knew.

One person was unable to recall how they felt.

## The second year workshop

Most interviewees (81; 73%) had attended the second workshop in full, with four people reporting that they attending only one day. Five interviewees (4.5%) had yet to attend their workshop at the time of the interview. Of the 25 interviewees (22.5%) who stated that they had not attended the second year workshop at all, the reasons for were usually clashing commitments that related to farm or family events.

The most commonly recalled aspect of the second workshop were the 'gender bender' sessions, where men and women were separated to learn about and discuss the opposite gender's health issues. This was also reflected in what interviewees said they learnt from the workshop; where slightly more men (14) (*"Secret women's*

*business that time!*") than women (11) felt they had learnt about the opposite gender's health.

Diabetes was also recalled as a major topic in the second workshop; by more women (13) than men (8). This was also the case with the topic of mental health where 11 women and 8 men recalled learning about depression and the need for a balanced lifestyle:

*"The information on depression was excellent. We found we could talk about who in the community may be going through this, and the booklet was really good. Instead of just guessing and wondering, it gives you concrete signs to look out for."*

Twenty-one interviewees felt that the second workshop provided more in-depth information and reinforced what they had learnt in the first workshop (comments from 13 men and 8 women).

A further 16 interviewees (8 women and 8 men) found the comparison of their test results from the first year educational. Five indicated that they realised they would have to rework and focus more on their goals (3 men and 2 women).

**Table 6. What participants learnt from the second year workshop**

Men	No. of comments	Women	No. of comments
Split genders to discuss health issues of the opposite gender	14	Diabetes and other diseases such as heart disease	13
Reinforced what was learnt in the first workshop	13	Split genders to discuss health issues of the opposite gender	11
Diabetes and other diseases such as heart disease	8	Mental health issues/depression/ Need for a balanced lifestyle	11
Mental health issues/depression/ need for a balanced lifestyle	8	Reinforced what was learnt in the first workshop	8
Compared test results	8	Compared test results	8
Need to rework/work on my goals	3	Need to rework/work on my goals	2
Safety issues	1	Safety issues	2
Other	1	other	3
	56		58

### Leaving the second workshop

Similar to the first workshop, about 80% of the interviewees had positive feelings when leaving the second workshop, related either to the fact that the workshop had

reinforced the message from the first year, or that it had been a good opportunity to come together with their group again. Comments included:

*"It was another 2 days well spent and after this one I felt more motivated to try to achieve more in terms of the changes I was making and we have done more since that workshop".*

*"I felt really good. My husband felt before that he couldn't cope, then after speaking to people, we realised we're not the only ones, and you just have to work things through. We're very isolated so it was good to be around others."*

Reflecting comments from the first workshop about the importance of achieving their goals, four interviewees were left with negative feelings due to the poor results from their health checks. A small number of interviewees were not satisfied; two people felt that the second workshop was not as good as the first and a further two that they had "had enough of health" by that stage.

### **What participants liked about the workshops**

Almost half of the interviewees (52) identified aspects of the group learning and sharing experiences and the advantages of doing the workshops with people in similar circumstances:

*"Not only the people we met the first year and met them again - to be able to share experiences on a personal note (bush fires, pipeline issue). As a group we could laugh about not getting done what you said you'd get done. You could discuss issues further in breaks because they had been brought out in the open; talk about your kids and meet people from diverse industries."*

*"The atmosphere was great and everybody came together as a group to talk about their own issues or problems with farm safety. Sometimes on their own people won't talk as much but in a group, they could talk freely and there was a lot of humour attached (that helped a lot)."*

*"I really liked the interaction with the other farmers and wives. You tend to be a bit isolated from each other; it's good to see how the other farmers are coping. There aren't many opportunities to get together, especially to discuss things in depth. We talked about things we wouldn't discuss if we just met on the street."*

Many commented on the quality of the presenters and facilitators of the workshops (31): *"the way they presented it - all the speakers spoke in your language"*, or the structure and quality of the workshop overall (29):

*"They held it in a good place, informative, interesting presenters. The sessions flowed well and there was opportunity for lots of input. It was very efficient in that they spent time with us both as a group and individually."*

A further 19 interviewees made reference to the usefulness of the information and the way it increased their awareness:

*"It was really good up to date information about health and other issues and how to take care of other people."*

Six interviewees felt they liked everything about the workshops. Five identified the health checks as an effective way to make them feel "accountable for your own health".

*"The qualified nurses that they had there to do the health checks. They also explained some men's and women's health issues and gave us information we could follow up if we wanted to do that."*

### **Suggested improvements to the ways the workshops are run**

Over 50% of interviewees (62) indicated that they felt the workshops were well-run and did not need to be improved:

*"I have been struggling to think of an answer to this one and I just can't come up with anything to suggest. The concept is a good one and they've obviously thought a lot about how they deliver it."*

Others made suggestions concerning the timing and length of the workshops (16):

*"It would be good if they were able to be a bit more flexible with the timing. Maybe not quite so long over the two days, have the two days split up; two days out of our working life is too hard to arrange."*

*"It was too early for us. We had so much to do and getting the kids to school in the middle of all that. 9.30 would have been better for us, even if they had to spread it over an extra day."*

Seven suggestions related to improvements to the presenters' skills, or their approach to working with the group. Comments related to a perceived lack of credibility of presenters due to their age or the fact that they were not locals, for example:

*"one of the presenters was a bit citified. They didn't seem to have much knowledge or understanding of the rural circumstances."*

Another related to fact that a presenter had not allowed the group to freely discuss and engage with the material:

*"Sometimes instead of harnessing the jokes and joining in the discussion they would try to control the discussion. They should harness that sort of engagement. Some of the people aren't educated - they could see that as a positive engagement they can use."*

A further seven suggestions related to the structure and quality of the topics covered:

*"Fairly repetitive, everything gets dragged on for 5 minutes, kept going over things, make it more precise and to the point, then you can incorporate more health topics"*

Related to this were 6 suggestions about the topics covered including moving some topics to the other workshop or repeating some topics.

Three people referred to the need to attract a wider audience to the workshops. Two people commented that their venue was unsuitable; either dark or cold, and one felt that the food served at their workshop was unhealthy, and out of keeping with the health message of the workshop:

*“The food was a bit fatty, lots of pastries, and carbonated drinks for breakfast - would have been better to have plain juice. Didn't seem to reinforce what they were saying about healthy diet.”*

### **Action planning**

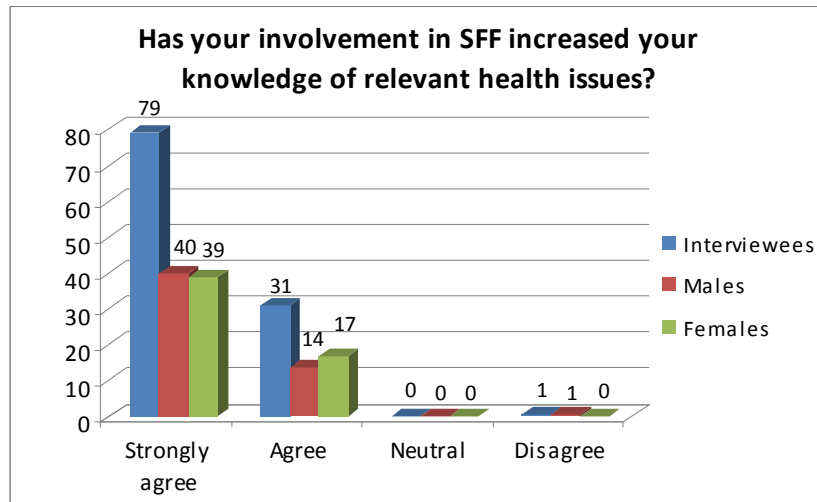
Almost all interviewees (89%) had made an action plan. Fifteen commented that this was useful as a prompt for taking action, thirteen found them useful for identifying actions in the first place, and ten people thought it was a good way to make them accountable for creating changes. Eight said that they had made plans that were no longer relevant to their circumstances (for instance they may have retired or become injured, so their goals no longer applied) or the plans were simply to continue to do what they already do.

Only twelve people indicated that they had not made action plans, with two indicating that they didn't like being forced to do so.

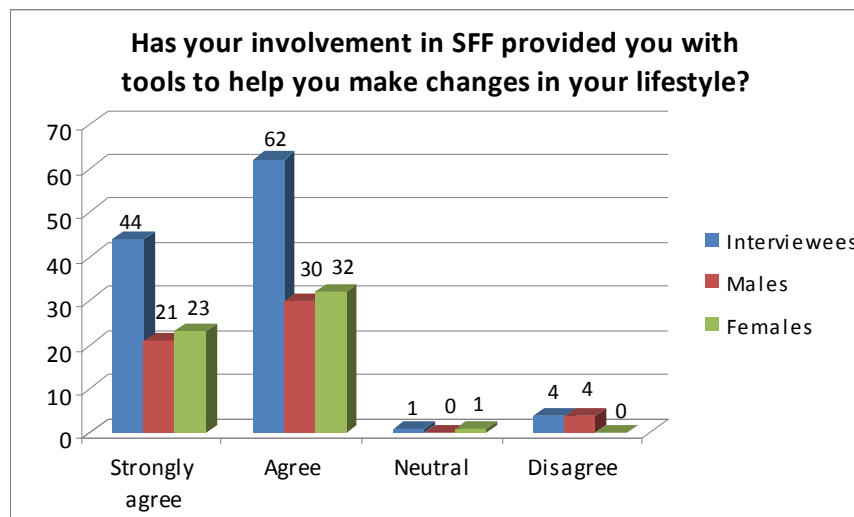
### **Knowledge, skills, and confidence**

Interviewees were asked to respond to statements about whether their involvement in the SFF program overall had increased their knowledge, provided them with the tools to implement lifestyle changes, connected them to relevant health services for support, and increased their confidence to look after their own health.

The most unequivocal response received was to the first question; whether involvement in the SFF program had increase their knowledge of relevant health issues; 99% of interviewees either strongly agreed (79) or agreed (31), with little variation between genders (Figure 4).

**Figure 4. Whether SFF increased farmers' knowledge of health**

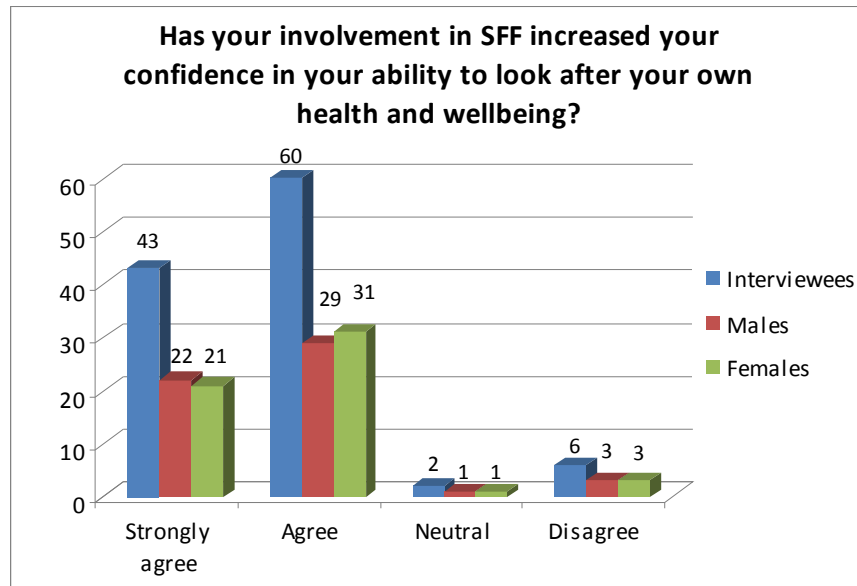
The majority of interviewees (96%) agreed (62) or strongly agreed (44) that the SFF program had provided them with tools to help make changes in their lifestyles (Figure 5).

**Figure 5. Whether SFF provided farmers with tools to make changes in their lifestyles**

Responses to the question, “has your involvement in the SFF program increased your confidence in your ability to look after your own health and wellbeing?” reflect the level of positive responses received in regard to the knowledge and tools for health and lifestyle. Ninety-three percent either agreed (60 farmers) or strongly agreed (43) with little variation between genders (Figure 1Figure 6).

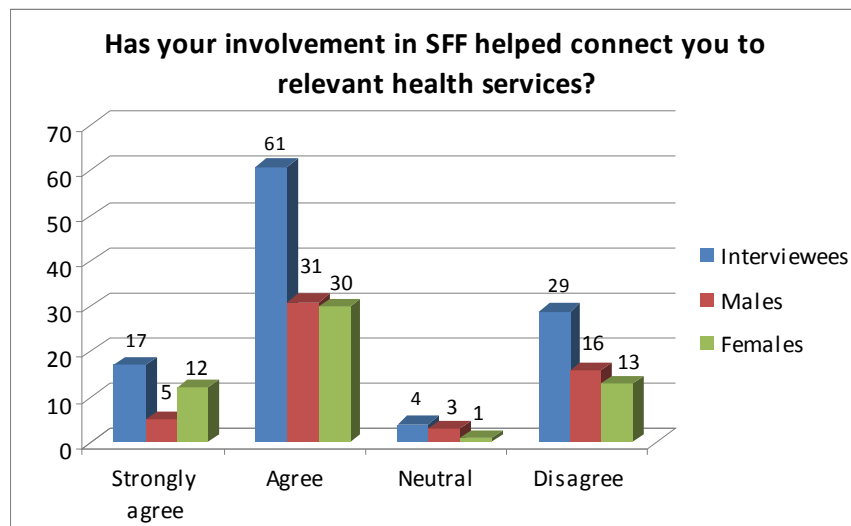


**Figure 6. Whether SFF increased farmers' confidence in their ability to look after their own health**



While the majority (70%) of interviewees agreed that SFF had helped connect them to relevant health services (61 agreed and 17 strongly agreed), one quarter of responses to this question were negative (29 disagreed) with men more likely to disagree than women (Figure 7). These figures may indicate that connections with health care providers already exist, particularly for women, or that farmers, particularly men, experience difficulties accessing health services.

**Figure 7. Whether SFF helped connect farmers to health services**



## Lifestyle changes

The most common changes made by farmers after attending the workshops were **dietary** changes (59 comments; 28 males and 31 females) and increased **exercise** (60 comments; 31 males and 29 females) (Figure 8, Figure 9).

A number also reported making **life balance** changes, which included taking breaks and holidays, spending time with family and seeking other ways to deal with stress (22 comments; 16 females, and only 6 males). Equal numbers of males and females (8; total 16 comments) indicated that they had begun to have **regular health checks** as a result of the workshops.

Almost double the number of males (11, to 6 females) indicated that they had made no changes, that they were already healthy or that the main benefit of the workshop for them had been awareness.

Figure 8. Summary of Lifestyle Changes

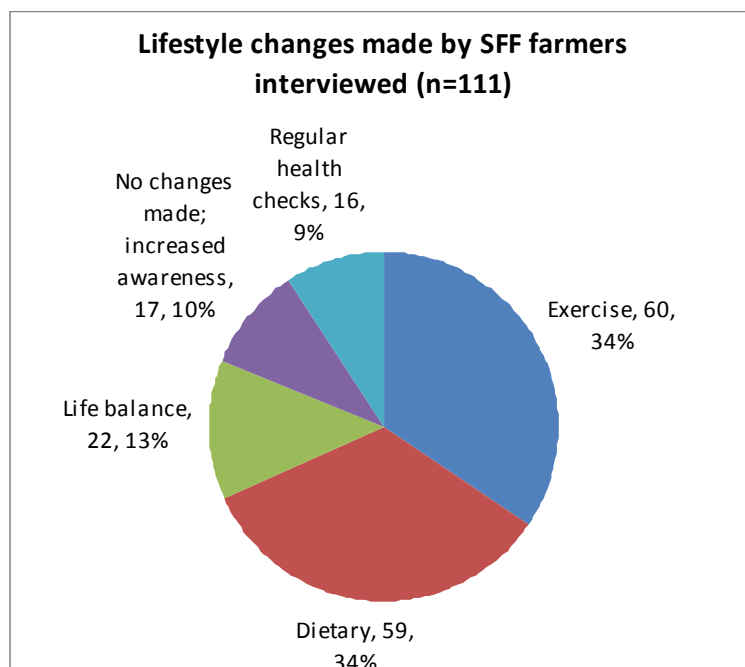
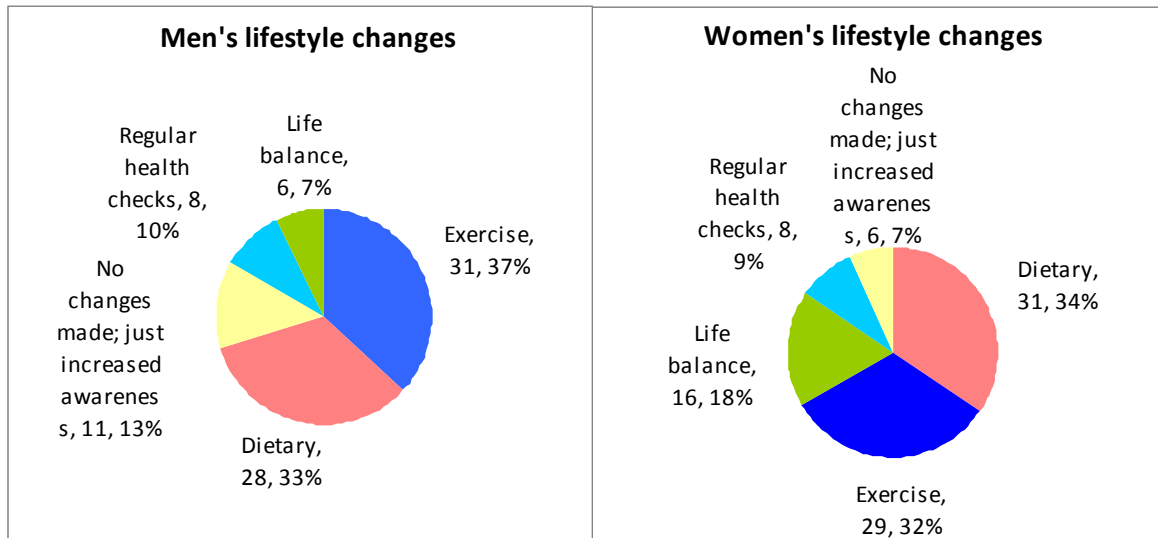


Figure 9. Comparison of men and women's lifestyle changes



### Experience of implementing lifestyle changes

Of the 111 respondents, 42 (38%) indicated they had gone well with their changes; they had successfully implemented them, and in many cases were achieving results.

*"Well we did a little marathon just recently! And plan to do more of that sort of thing."*

*"We went well with all aspects of the changes and we had a nice long break - we took an 8 week holiday which was great."*

*"I lost some weight and I felt physically fitter."*

*"For my husband and myself it was really about spending more time with the kids as a family but also taking time out for ourselves as a couple. We did already spend a lot of time with the kids through competitive swimming but it became more relaxed. There didn't always have to be a purpose to being together. It really meant we weren't putting the farm above everything else like we had been in the past."*

Thirty four people (31%) felt that they had made some progress towards their goals, but had encountered some difficulties, or had achieved some goals well and found others more challenging:

*"We both lost weight and both tried to exercise more. We bought two pushbikes but it's hard to ride when it's windy."*

*"With the personal changes, we still need to work harder. But we've been successful with the farm changes and slowing down a bit by hiring some staff."*

*"It's a constant process. Making the changes to diet were hard at first but over time it does get easier."*

*"I went reasonably well. I haven't been as good with the exercise lately but I'm keen to get back on track."*

*"I lost some weight but I found it hard to keep it off and it fluctuated up and down a bit. I certainly increased the number of workouts I did each week. I was already doing three a week but I wanted to do five. I didn't always reach my goal but I did show improvement. When the farm gets busy, time was the challenge there and that is the problem with farming. Some days it's full bore, and some days it is quiet and that is always changing. With regard to anger management, I tend to think I'm one of those people that needs to blow a fuse to let off some steam but at this age you feel your heart rate going up and it makes you wonder if you're going to have a heart attack. I'm still working on it. I'm pretty confident that I know where I need to be at."*

*"Eating well was successful as Mum's cooking is pretty good. Exercise started out well but it depended on what I was doing. If I was working and studying I also had a lot of travel to do and then I didn't always have time to exercise. As for stressing, I just kept focusing on it and if I started to stress I would remind myself that I needed to relax more."*

Twenty six interviewees (23%), whether they had achieved their goals or were still progressing, indicated they were feeling mentally and physically better as a result of the lifestyle changes they had made. A further seventeen (15%) described feeling mentally better, more motivated, empowered or reassured as a result of attending the workshops.

A small proportion (13; 12%) felt that they were struggling to implement their action plans; citing lack of time, other things happening on the farm or in their lives, and the fact that the actions themselves are difficult to do. A small number had experienced health problems after the workshops that had interrupted their plans. Comments included:

*"It's hard to do. My goal is to do a half hour walk five days a week. But this week we had a crook cow, and I just ran out of time. I know you just have to make time, but it's a really big effort!"*

*"You get out of the habit of it. The food was all going well until [husband] started doing the shopping! I don't think we'll be scheduling any holidays at the moment. Even scheduling 30 minutes of exercise is a problem. I contemplated getting a walking machine, but can't really justify that expense. We don't forget about these things, they just go on hold."*

Of those remaining, only eight indicated they had made no changes, and five people that they were already leading a healthy lifestyle and it was just a matter of maintaining this. Six people said that the only changes were in their level of awareness of health issues, rather than actions.

## Changes to safety practices

Over half of the workshop participants (54; 49%) indicated that they had made changes to their farm safety practices as a result of the workshops; either concrete action (32%) or increased vigilance (20%).

Of the one third of interviewees (35; 32%) who had taken concrete action with regard to farm safety, fifteen had purchased and/or started using safety equipment including motorbike helmets and first aid kits. Three indicated that they had made changes to their grain silos to make them safer, three had reorganised their workspaces, including one who undertook an assessment (*“After the workshop we had the farm assessed and implemented all of the recommendations”*), and fourteen did not specify the actual changes they had made.

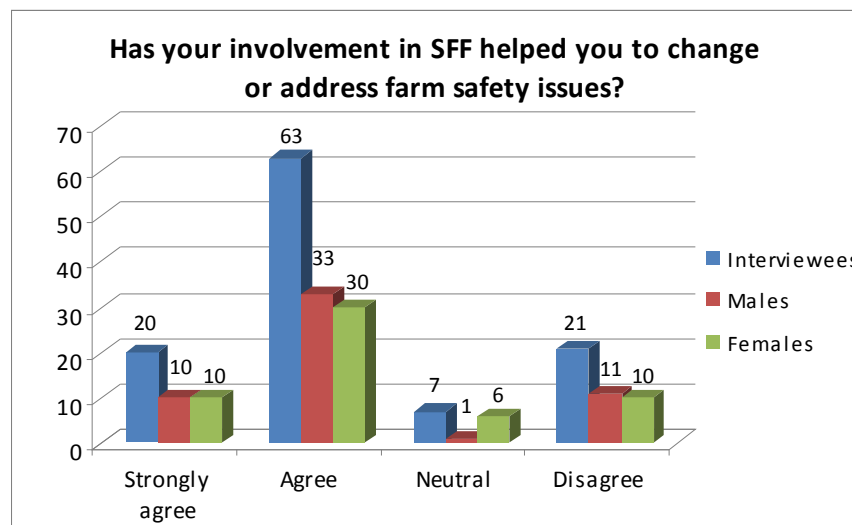
Twenty two interviewees (20%) said that they had come away with an increased awareness of safety issue leading to more thought and care being taken:

*“I think it just made us more aware more than anything and be more mindful and take action.”*

Of those who did not make changes (49%), seventeen said they were already up-to-date with their safety practices, sixteen indicated they had made no changes, five had made changes that were planned prior to the workshops and five had delayed their planned changes due to drought or other external factors. Eleven female respondents stated that they were not involved in making decisions about farm safety.

Later in the interviews farmers were asked to indicate their agreement with the statement ‘Involvement in the SFF program has helped me to change or address farm safety issues’. The majority (75%) agreed that it had (20 strongly agreed, 63 agreed), a small number were neutral (7), and 21 (19%) disagreed.

Figure 10. Whether SFF helped farmers to change or address safety issues



## Effects of changing safety practices

Many interviewees (46; 41%) could point to some effects resulting from changes in safety practices; whether they had made concrete change, or were simply more safety conscious.

Seventeen respondents indicated that they had greater awareness and were more likely to fix up equipment quicker or plan ahead:

*“Working through and thinking things out - work out what I'm going to do the night before.”*

*“Awareness because there are always risks because I work on my own. I can take risks to save time.”*

Thirteen interviewees felt that their farm was safer as a result of the changes they had made: *“The place is safer now and having extra staff means we aren't overtired and overworking.”* Four interviewees indicated that they had less worry and more peace of mind after implementing the safety changes. Eight interviewees indicated that they now make a point of using the safety equipment; with another four pointing out that they now have the right equipment to use. However, three indicated that the safety equipment was rarely used by others on their farm.

For the remaining 41 interviewees there had been little effect as they had made no specific safety changes or did not consider that they were sufficiently involved in farming activities to comment (19). Nineteen interviewees indicated that they were already safety conscious and three were still to implement any changes.

## Family responses to changes

Almost half of the interviewees (51; 46%) had found that their families responded positively and supported the changes they had made, with 42 interviewees reporting that their families had approved of or been included in the changes:

*“Our children helped with the changes to the shed and they work in there too so it was great that it became a safer environment. They also benefit from these changes. One of our sons is disabled and previously he needed to be lifted into the shed”.*

*“In terms of diet we started talking to the kids about it a lot more and this helped them understand the importance of it. I also talked to my extended family about what we had learned in the program because some of my extended family is also in farming and I wanted to let them know about this program because they hadn't heard about it.”*

*“Responded for the better. The kids just love having a bit more attention and it improves their confidence and self esteem”*

For 43% (46 interviewees), there was no noticeable response from family members, either because their children were too young to notice or be affected (26; 23%), or the children and extended family were older and not living on or involved in the farm and thus were not aware or affected by any of the changes the interviewees had made (22; 20%).

Only seven people indicated that their families did not like certain changes made, all dietary. For example:

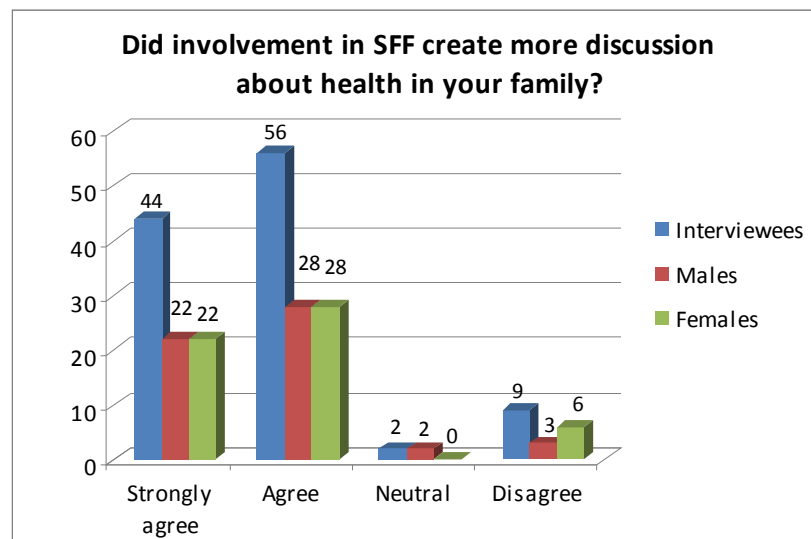
*"I stopped making as many cakes...the children were horrified and my husband lost weight, which is a good thing and so did I [lose weight] which is not a good thing."*

In this particular case and one other, the women interviewed indicated that to cease baking sweet foods was not only a change for their families but also a significant change for them; as it was a skill for which they had been known and taken pride in.

A further two interviewees indicated that their families had not been interested in the changes they had made.

Almost all farmers interviewed (100; 90%) agreed that their involvement in the SFF workshops had led to increased discussion about health within their families (Figure 11).

Figure 11. Whether SFF created discussion about health within families



### Maintenance of behaviour changes

When asked whether they are likely to maintain the various changes they have made into the future, almost all interviewees (95%) responded positively. One quarter of the interviewees (28; 25%) gave an unqualified "yes" or "definitely".

Other reasons given included:

- That they are enjoying and benefiting personally from the changes (32)
  - "Yes, because it gives me a healthier life"*
  - "Yes, because I'm really enjoying what I'm doing."*
  - "The things we are doing are working and I'm feeling a lot better..."*
- They feel that they have proven that it can be done, and want to maintain the benefits (13)
- They think it is a sensible, or important thing to continue (12)
  - "Yes, because where you see a problem the responsible thing to do is get in there and fix it."*
- They feel their mindset and/or priorities have changed (8)
  - "We are still doing things with the family and having time out as a couple for ourselves. We aren't putting the farm first and foremost. It's still important but it's not the most important thing."*
  - "Yes. We have a different mindset now."*
  - "I'm a lot more committed to looking after my own health and getting in there and doing something about it when I think there is a problem".*
- They feel motivated to continue because the changes they have made will benefit their farm management:
  - "It's really about keeping that balance, working more efficiently and better time management."*

Of the remaining responses, six people indicated that they would continue with changes as much they could; three would continue to do what they had always done, and two indicated that their ability to maintain the changes depended on the cooperation of others.

Only six interviewees gave a negative response. Five of these responses reflected the lack of changes made by the interviewees.



## Impacts on farm management

Interviewees were asked whether they thought that the changes they had achieved in their health, lifestyle and safety practices had, or would have, any impact on their farm management. Their responses were evenly split between there being a positive and/or indirect impact, and no impact.

Fifty-two of the farmers interviewed (47%) stated that there had been an impact on their farm management. The impacts included changing practices to work more safely, working more efficiently, achieving better work-life balance, and greater personal health leading to better management ability.

41% (46 interviewees) felt that the changes they had made had not impacted on the way they manage their farms. Other responses (12%) included six interviewees stating that they were no longer involved in the farm management, four people who were not sure whether there had been any impact, and three who commented that while they had made changes to their farm management that this was not attributable to the workshops.

The detailed comments from the 47% who described positive impacts on their management are outlined below.

The thirteen interviewees who felt they were now managing more safely on their farms described changes in the way they assess and undertake tasks, what equipment is used and how, and how they promote safety, for example:

*“It was little things they said at the course. We have changed the way we manage the animals, so that it's safer. We've made the gates easier to open and close, you don't catch your fingers or anything. We've made sure there is no junk around, it's clean as a whistle now”.*

*“Yes, I have two full-time staff and I always stress safe practices to them. They are responsible for themselves to a certain extent and we are insured but I want them to also be aware of safe lifting practices and the like and to understand that if you do some damage, in some cases, it can be permanent and we don't want those kinds of accidents on the farm.”*

*“Yes for the safety issues because I'm still wearing the helmet. I've come off bikes quite a few times and rolled them, the lot. At this age I suppose my reflexes aren't as good as they used to be but I still feel confident I'd know how to get out of the way if I was going to come off a bike.”*

Twelve people (of the 52) made reference to aiming for a better work-life balance, by having more leisure time, taking breaks, and spending time with family. In some cases this had been enabled by delegating tasks to other members of the business, or hiring additional labour:

*"We took a big break and that was about slowing down a bit. We also try to do more activities together with the kids on the property so it's not all about work and Dad being out there until dark every night. We try to spend more time together as a family too."*

*"Having staff to help out made a huge difference to us. We were less tired and had some time away from the farm."*

*"Getting away has real benefits. Every time I walk off the farm, I feel good, relaxed."*

*"We tried to get (and we are still endeavouring to work towards this) a better work-life balance so that we can have some time away from the farm and also in recognition of the importance of doing that, especially when it is getting you down."*

Eleven people identified improved personal health as contributing to their ability to be good farm managers. For most (8) this was about improved mental health; a positive or more sensible outlook on work, greater confidence, and reduced stress all created greater ability to be more organised and to look at work with a fresh perspective. Three people commented on improved physical health; having greater energy and fitness to be able to complete work.

*"Yes to a degree - I'm not as wound up as I used to be."*

*"Mainly more enthusiastic and feeling better about myself."*

*"Your outlook about working longer is about awareness and looking after yourself."*

*"More satisfied with yourself, more confident."*

Eight people described working 'smarter'; more efficiently, and in many cases, with health in mind:

*"We planted 900 acres of crop this year and we lifted all the bags by hand. This year it just proved to be very tiring and when you are young you think you can keep going forever. Next year I have put the plans in place to bulk handle everything with a front end loader which will mean we won't be doing that kind of lifting by hand again."*

*"My husband is a workaholic, and the program showed him that not everything needs to be done TODAY. If you just slow down. Don't kill yourself. Some things can be done tomorrow."*

*"Yes, working more efficiently. Knowing it's OK to put some things off until tomorrow and not working on a Sunday."*

*"Yes, we are working more efficiently without that need to be there 24 hours a day, working with a clearer head and making better decisions."*

*“Now there is a method to the way we do things. We still have to feed out but we have a plan. Not just ad hoc about it. It really helps to be more organised.”*

Seven interviewees did not give further explanation of the ways in which the changes had impacted positively on their management.

### **Impact on farm success**

The data from the questionnaires completed by all SFF participants (962) in their first workshop show that prior to the first workshop, 66% of women and 78% of men rated the relationship between health and farm productivity as ‘very important’. By the end of the first workshop, this had changed to 89% of women and 97% of men rating the link between health and farm productivity as very important (Kearney, 2009).

Almost one quarter of the farmers interviewed in 2009 (23% of 111 interviewees) felt that the changes they made had an impact on the success of their farm business. Most (14) credited this to their improved farm management. Eight of these commented that their improved mental health and newly learned skills in stress management were the major factor in their ability to manage their businesses well. Others stated that they felt physically healthier, were planning better, and communicating well with their partner and/or staff.

*“I’d see the success as being more positive about our farming business... understanding that we need to keep ourselves fitter and having a more positive attitude to go with that. It allows us to enjoy our job more.”*

Eight interviewees made reference to the safety practices they had instituted; that they either made work easier and therefore improved the business, or that they would reduce the risk of accidents and thus the potential for negative impacts on business success. As two people commented, “If I have prevented an accident then I suppose that increases our success” and “by doing all these things we improve the farm's functioning, and so the success in a way is improved.” One couple noted that the safety changes had been costly.

Fourteen people (13%) believed that it was either too early to tell or too difficult to attribute the success of their farms to the changes they had made; particularly in light of the number of other factors that influence farm success. The most commonly named external factor was continuing drought (8), but many noted (as in responses to the question above) that SFF had assisted them in dealing mentally with the stress of external factors; for example:

*“Hard to gauge – it’s a hard time because of the drought. Helped with the stresses of the drought.”*

The majority of interviewees (67; 60%) felt that the changes they had made as a result of attending the workshops had not impacted on the success of their farm businesses. Of these, three indicated they were no longer farming, three women believed they were not in a position to assess the success of the farm, whilst nine

pointed out that they had made no changes. The remaining interviewees (43) did not provide a reason for why they felt that the changes had made no impact on the success of their farms.

## Understandings of and aspirations for health

Each interviewee was asked to describe their idea of what a healthy farmer would be like and then to reflect on whether they considered themselves to be healthy. A summary of the attributes of healthy farmers is contained in Table 7.

Men and women's descriptions were similar in that the main aspects were mental health and ability to cope with stress, physical fitness, social and relationship health, preventative health checks, diet and weight. Women made more comments, and were more in-depth. Men were more likely to be unsure about the characteristics of a health farmer, with comments such as *"I don't know if I can answer that. All farmers are different, have different issues."*

Other attributes included being up to date with safety on the farm, and being financially secure: *"Not having an overdraft..."*

**Table 7. Summary of the attributes of a healthy farmer**

Men	No. of mentions	Women	No. of mentions
Mentally fit and healthy, positive, can cope with stress	24	Mentally fit and healthy, positive, can cope with stress	39
Physically fit and energetic	20	Physically fit and energetic	29
Social and relationship health	14	Social and relationship health	13
Get regular health checks	11	Gets regular health checks	12
Good diet and healthy weight	10	Good diet and healthy weight	11
Organised	6	Organised	7
Taking safety measures	3	Taking safety measures	5
Other (Including being financially sound, don't know, everyone's different)	13	Other (Incl. being financially sound, don't know, everyone's different)	5
	101		121

Over 50% of those interviewed felt that they were healthy or reasonably so (33 women and 28 men) (Table 8). Only fourteen who gave a response to this question considered that they were not healthy. Reasons given related to age or an underlying health issue (9) or because they were working too hard and unable to take the time.

**Table 8. Do you consider yourself to be a healthy farmer?**

Men	No.	Women	No.
Yes (based on my understanding / description of ideal health)	22	Yes (based on my understanding / description of ideal health)	22
I'm working on it; not as much as I'd like	9	Reasonably healthy	11
Reasonably healthy	6	I'm working on it; not as much as I'd like	5
No, I work too much, need to take time off	3	No (getting older, underlying health issues)	5
No; getting older, or underlying health issues	4	No, I work too much, need to take time off	2
	44		45

### Further comments

The majority of additional comments made reinforced the positive impressions and value people has gained from the workshops with 25 indicating that the workshops had been worthwhile and should be continued ("*should be more of these things*") and a further 16 stating that they had been worthwhile.

*"I thought it was well run program and it's a pity you can't let people in the community know that there are things like this out there."*

*"I think it's a good program and approach: to educate rather than medicate."*

*"It's quite a good program and we've found that it helped us become more proactive rather than reactive when it comes to our health."*

Other positive comments included three about the workshops being well-run, 2 referring to the usefulness of the follow-up emails and three appreciating the support for the farming community when it needs it.

Ten interviewees felt that there was a need to attract different farmers somehow.

*"It's a good program and a lot of families are getting a lot out of it but I wonder if it is reaching all the right people and the people who need it most. Certainly, they are getting a good cross section but I think there are some out there (that need it the most) and they might have to work a bit harder to bring them in because they are the ones who need it. I suppose they might be the people who are a bit more reserved but maybe a more personal touch in terms of getting them along is needed."*

One suggestion was to promote the program at the Royal Melbourne Show.

Four interviewees felt that the length and timing of the workshops should be reconsidered:

*"The program was positive but the only thing I would say is that the timing was difficult. Maybe they could look at doing it over a longer time or at different times (e.g. three evening sessions as opposed to 2 whole days). I know that might make it difficult for the presenters though."*

## Focus groups with farmers

Four focus groups with farmers who had attended SFF workshops were held across Victoria from 12<sup>th</sup> – 20<sup>th</sup> August 2009 (Table 9). The locations selected reflect different farming regions and industry types, as well as areas where there was a density of SFF workshops. It was originally intended that two of the groups be mixed gender discussions, and two with men and women separated; however, due to limited numbers attending the Ararat focus group, only one 'split-gender' group went ahead.

**Table 9. Focus groups with farmers**

Location	Date, time	Description	Participants	SFF workshops covered
<b>Benalla</b> Dept of Education	Thurs 13 <sup>th</sup> August, 10.30am – 1.30pm	Genders together, grazing.	4 women, 3 men	Benalla, Violet Town, Euroa, Mansfield
<b>Camperdown</b> Commercial Hotel	Tues 18 <sup>th</sup> August, 11.30am – 1.30pm	<b>Split gender</b> , mostly dairy farmers.	7 women, 7 men	Rokewood/ Shelford, Timboon, Colac, Lismore, Camperdown
<b>Ararat</b> Shire Hall Hotel	Wed 12 <sup>th</sup> August, 11am – 2pm	Intended to be split gender, but low turn out meant mixed gender discussion instead. Grazing, cropping.	3 women, 2 men	Beaufort, Glenthompson, Lake Bolac
<b>Warracknabeal</b> Royal Hotel	Thurs 20 <sup>th</sup> August, 10am – 1.30pm	Single 'successful' workshop – to explore successes and observe group interaction. Genders together. Cropping.	3 women, 3 men	Warracknabeal
			32	

Each focus group was digitally recorded to assist with data analysis and to ensure accuracy when quoting participants. Permission was gained from all participants for this to occur. All participants were ensured confidentiality and are not identified as individuals.

The discussion from each focus group is summarised in turn in the following sections. The guiding questions used for facilitating the groups can be seen in the Appendices under *Data collection instruments: Focus group discussion questions for farmers*, p. 130.

**Benalla, 12<sup>th</sup> August 2009**

Participants:	7 people: 3 men and 4 women (1 couple)
SFF workshops:	Benalla, Violet Town, Euroa, Mansfield
Facilitator:	Jacqueline Storey, Roberts Evaluation
Note taker:	Zazie Tolmer, Roberts Evaluation
Date:	Thursday 12th August 2009, 11am – 12.40pm
Location:	Department of Education Building, Benalla

Participants came from the region surrounding Benalla and held acres at a number of sites including Baddaginnie, Warrenbayne, Mansfield and Violet Town. The group were all graziers, and ran sheep, goats, and cattle. The group had attended SFF workshops across the region including Benalla, Violet Town, Euroa and Mansfield. Participants were estimated to be aged between 40 – 70 years.

**Experience of the SFF program****Likes**

The Benalla focus group participants liked the relaxed casual environment, group building activities and the structure of the program:

*“You have questions after the GP but because it is over two days you have time to think about questions you get better feedback”*

*“... and good to talk about it with the girls”*

*“The courses were fun, and mostly people that you know - that format is good”*

*‘The confessional at the beginning is fantastic.’*

The group liked the health checks given during the workshops for a number of reasons: many had not had one for years; it was free; and it provided a benchmark from which to work and to set goals. Two people commented: *‘The initial health check was more rigorous than the GP’*, and *‘The initial check is quite lasting, we were actually privileged to get that done’*.

They also noted the importance of the information and discussion surrounding mental health; *“Mental health really struck a chord... you can’t take yourself away from the problem”*, although the value of this appeared to have varied depending on people’s prior knowledge; some members of the group felt that the information was a bit basic, while others commented that they knew of people in their group who found it *“really eye opening”*. Overall the group felt that it was important to have basic mental health information included in the workshops, and suggested that interested farmers should seek more detailed information from other courses, such as the *‘Mental Health First Aid’* course.

Having a male nurse was appreciated by both men and women; the men stated that it was important to have a male nurse for the health checks, although noted that not all men got to have their individual health assessment with a male nurse. The women agreed: *'It was good to have a male nurse. That was terrific. The guys got a lot out of it and a lot out of the women's health. It got people asking questions.'*

In general the presenters were praised for their approach: *'They spoke your language'*.

Gaining general knowledge, particularly in relation to diet and nutrition, was also valued by the group: *'The general knowledge was great (...) the label reading was really good', 'The trans-fats I know about them now.'*

### **What they learnt**

SFF made the farmers more reflective about their lifestyle and daily activities on the farm from both a mental and physical health perspective.

*"It made me look at myself and what I was doing on the farm."*

*"SFF can help people to know what is happening in their own families and communities. It was about being alert [to mental health], particularly in this drought. How many of us have known people [with mental health issues] and thought "Oh shit! If only I had known",*

*"A lot of activities on the farm require us to look after our health in different ways."*

They also felt that it had empowered them to take responsibility and act, particularly in relation to organising health checks:

*"The biggest thing was realising that we can do better for ourselves"*

*"I was really grateful that my husband got that letter [follow up referral letter from GP] because then he had to deal with it himself, it became his responsibility... I didn't have to tell him, it was in his hands, it wasn't me telling him to go."*

*"I got a letter and I think that it is my responsibility to follow up. My GP also got something but I haven't heard so it is up to me"*

*"I think the course does point that out that you are responsible for your own health."*

One of the men felt that the course had changed his understanding of mental health:

*"I've always tended to see mental health wrongly, if I see people that have got problems, I tend to think you just need a bit of willpower to get over it. I suppose that was one of the things that I learnt from it."*

Others noted being surprised by the poor health of their peers, and realising the risk that their age group of farmers faces:



*“Looking around our group I thought about two of those blokes would have been overweight, but the rest were about ok for their age, at the start we would have rated our health, not excellent, but above average. Everyone was technically overweight, over 25 BMI.”*

*“The best thing about the second workshop was the diabetes one, saying “look as you get old, and the blood sugar, if you don’t look after yourself as well you might be in that risk category”*

### **How did you feel at the end of each workshop?**

In general the group said that they felt motivated after the workshops.

### **Lifestyle changes**

Most participants stated that they had made some moderate increases in their exercise, including going for bike rides and walking around the farm instead of using motorbikes. Two of the women commented on making dietary changes, which had been facilitated by the label reading skills they had learnt.

The Mansfield group stood out as having supported one another to make changes, particularly in exercise. The enabling factors here had been:

- The presence of two “key movers” in the group, who had received poor health assessment results and went on to motivate the rest of the group
- A geographically close group, which made it easier to get together and go to the gym
- Sharing their stories with others made everyone more accountable
- Getting active together and seeing each other being active helped motivate everyone; with a little bit of healthy competition.

### **Family responses to changes**

Almost all of the members of the group had gone with their partner and did not have children at home, so had found that implementing changes had been done together and caused few problems. One of the participants’ commented that her husband was not interested in the workshop, nor in the suggestions she brought home: *“I cannot drag my husband to this! I share with him but he goes “don’t tell me what to do”.* However she had had some success with the dietary changes they had made: *“some things get through like ‘no cheese’!”*

### **The ideal healthy farmer**

One of the participants suggested that a healthy farmer would be someone who had the right balance between health, income and lifestyle. The group agreed, and did not devote further time to developing a description of an ideal healthy farmer, as they instead moved into a discussion of the myth of healthy farmers.

*“One of the myths we believe is that because we are farmers we are fit but in fact*

*we are not as healthy and fit as our urban counterparts'*

*"Now it is all mechanised, we do a lot less".*

### **Barriers to health (when farming)**

The aspects of farming that the group identified as making it difficult to be healthy included:

- The hard work and long hours, and the difficulty of taking time away from work
- Financial stress
- The high level of uncertainty and factors that are outside the farmers' control: prices, climate, weather. One of the women commented that she thought listening to the ABC radio added to stress: *"Everyday it's another thing...just people talking about doom and gloom."*
- Social isolation: *"Sometimes you need to talk to people; that's why we really enjoy these groups."*
- The difficulty in establishing meaningful relationships with health service providers,

*"The biggest problem in the country is getting in to see a doctor, and then getting one that speaks English, and then getting the same one..."*

*"[SFF nurses were] Better than the GP"*

*"When you go to the doctor you can't always get the same doctor."*

### **Factors enabling health (when farming)**

The farmers are committed to their lifestyles, they like living in the bush and although aware of the hardships would not move to the city or away from their farms:

*"You go and sit outside and think: Where else would you want to live? This is what we ask ourselves... most of us are doing what we like and we are proud of what we do."*

Related to this was having open space to be alone and think: *"You can go off somewhere and take a deep breath and try not to think. You can get away by yourself."*

Others commented on being self-employed; "your own boss", and having flexibility to choose your own working hours.

## Suggestions for improvement

The group was very satisfied with their experience of the program, and reiterated that they thought the program was really good, and did not identify anything they didn't like. Their major suggestion was that more effort needs to be made to reach out to a greater audience and appeal to those that are most in need. They were concerned that the people who had attended their workshops represent the better educated, more health conscious section of the community. They are already engaged in educating themselves on these topics and they think there are many others in their community who need the workshops more than they do:

*"The people that turned up did not represent the community (...) the picture is probably worse [than the data recorded from the workshop participants]"*

*"It is a shame that those that need it don't get it."*

*"Our outreach worker went out invited people personally that were known might not come."*

*"I know people that SFF is not reaching. Around here recruitment has been an issue."*

They thought that SFF could employ 'local champions' to recruit, as the existing methods are not sufficient for reaching the people who most need to go. One member of the group suggested that payment could be made to the local champions: *'There is an opportunity for employing people within the community, to employ local champions, pay people to talk to people about the program a lot of money is going into the program'*. The group also cautioned against the assumption that farmers can be reached by email; noting that not only can connection speeds in rural areas be problematic, but that there are still many farmers not using the internet or email at all.

Some of the participants felt that shorter intervals between workshops would be beneficial to keep participants motivated. *'With the third follow up we wanted it to be in 6 months rather than 12 so that we don't lose sight of our goals and keep motivated.'*

## Camperdown, 18<sup>th</sup> August 2009 – Women

Participants: 7 women, 2 small children  
Facilitator: Jacqueline Storey, Roberts Evaluation  
Date: Tuesday 18<sup>th</sup> August 2009, 11.30am – 1.30pm  
Location: Commercial Hotel, in a room separate from the men

For this focus group the participants were separated into two groups: men and women. The following is a summary of discussion from the women's group.

Participants came from the region surrounding Camperdown including Colac, Timboon, Simpson and Shelford. Most of the group were dairy farming, although two participants were involved in beef or lamb, and cropping. The experience of farming represented was diverse, with participants who were involved in the management of large cattle farms, to those who were currently looking at selling small family run farms. The women said they knew most people involved in the workshops they attended.

### Experience of the SFF program

#### Likes

The women liked the following aspects of the SFF workshops:

- Learning, becoming aware: *'The amount of information that they could pack in was really, really good – very informative and made you aware of so much'*
- Safety information, discussing the importance of safety
- Becoming aware of men's health problems
- That it *"reminded you of the things that were important, even though you knew them before"*; for example *'that you had to take time off'*; *'It made us think about leisure and [we took our] first holiday in about 10-15 years'*.

#### What didn't you like? (Or what could have been better?)

There was lively discussion amongst the women about the merits of the catering provided on the day, with divergent experiences shared. One participant said it would have been helpful to supply the recipes in order to provide further advice on low fat recipes that were suited to farming families. Opinion was also divided about the merits of serving vegetarian food to farming families; *'[The food] needs to be tailored to farm food. It's mostly vegetarian, beans and quichey things. We need meat and 3-4 veg'*.

One woman noted the improvement this year with a different chef *'from a restaurant in Colac... she made nice looking food, it was all low fat and she told us what she had substituted, but I couldn't remember it all but a few pages of notes would have been great.'*

Others in the group registered their frustration at getting no results from the pedometers, *'We need a real measurement, no one could work it out and so it was pointless'*. This emphasises the need for better equipment in future rounds.

### **What did you learn from the workshops?**

Learnings included:

- How much you have to exercise
- *"We all knew the basics but the workshops went into more details"*
- It was surprising all the stuff that some people didn't know
- *"Men had no idea at the supermarket!"*
- To reduce sugar and salt intake – *'its really hard to choose between the two, but I'm trying really hard to cut back'*
- To reduce portion sizes: *'I always wondered, I eat well so why aren't I losing weight? Well now I know'*

### **How did you feel at the end of each workshop?**

Group consensus was that the workshops were enjoyable and informative. One woman summed it up: *'I felt happy, I had a ball'*.

### **Lifestyle changes**

The three types of changes made by the women related to safety practices, diet and nutrition, and exercise.

The safety changes included:

- Fencing around the effluent pond on the dairy
- *"We got helmets for the bikes and are making the kids wear them"*
- Installing self opening lids for silos
- Increased awareness: *"We are so much more conscious of things that were lacking in the safety around the farm"*
- Being safety conscious with farm visitors:  
*"We have been looking at how you engage with visitors on safety issues, you know, the engine room in the dairy etc. We take it for granted that our kids know how to behave (eg 12 yo drives the tractor) but should be aware when other people are around the farm – outside friends do come around, it needs to be safe for them."*

The diet and nutrition changes were usually related to changes within the family, rather than the women's own diets, and included:

- Changing meal times and sizes:  
*"Having our big meal too late was something we needed to try and focus on and have it as our lunch meal – we are managing it fairly well, though the kids don't like the veggie side of it. But its give and take. You don't go to bed on a heavy fully loaded stomach."*
- *'My husband lost 6kg through not snacking and now has porridge 'which sticks' to him'*

- One lady lost 12 kilo so everyone in our group started to be more active... if you don't, if you run down, then your farm runs down too'
- 'One woman from our group went home and completely changed the family's whole diet and even though they are barking and kicking and screaming – for example switching white and brown bread – she said right, that's it'

Most also said they had increased their exercise and participation in sport:

*"I play Badminton – Monday afternoon – 3 hours every Monday, that is it – its locked in on Tuesdays now. We start really early and work together and have got the kids involved so we all go off to badminton. The family get together and we enjoy it and it's good. It's a fun outing, social, and we get off the farm, which is a bonus."*

*"I go swimming once a week. The drive with everyone chatting is great and then we have noodle box for dinner and coffee, [we are] all farmers within two minutes of each other, but the social aspect is good... so I am just hopeful that nothing goes wrong on a Tuesday night!"*

### **How did other people in your family respond?**

The women in the group noted that most participants had husbands and partners who completed the workshops and so were on board with any changes, and all agreed that it was the kids who found it most difficult ('who had to suffer') to cope with dietary changes but who *"hopefully will grow up wiser."*

### **The portrait of an ideal farmer**

The group started by developing a vision for the ideal female farmer. Answers given were often couched in comparative terms, such as "they would be a jack of all trades like our husbands" or "we can fit more in than a man can". According to the group the ideal model would be:

- A busy, capable person
- A multi tasker
- Self sufficient – for example *"grow a vegie garden so you always have fresh lettuce"*
- Able to think of herself as well – *"if she doesn't the wheels will fall off, especially when there's children involved."*

The discussion transitioned into anecdotal evidence of men's ability or willingness to participate in household tasks.

*'Blokes come in and switch off to domestic issues. They switch off but we keep going, they sit while you cook a meal, watch TV while you do the dishes',*

*'Part of it is letting him help though, when you often just think it's easier to do it yourself'*

*'My husband will sometimes think about a meal but he has no idea about washing or cleaning up.'*

To that end, the group went on to describe an ideal healthy male farmer as someone who:

- Didn't have a beer gut
- Shaved everyday
- Ate healthy food
- Kept fit
- Independence: *"I'd like my husband to be a little bit more independent down in the paddock –it would free up more time for me to do my office work and house work."*
- Was thoughtful and communicative, and realised that partners and family have priorities other than helping him:

*"He could think of us and not the other way – things for tea and what supplies should be in freezer etc, make time to think about partners and children. If need help I've got to ask and then wait but he requires attention as soon as possible."*

*"Should talk about their feelings"*

### **Whether the ideal exists in reality**

One member of the group talked about the myth of the *'fit hard working families'* of farms, stating *'in reality [they] are fat with fat kids'*. The group concurred, noting the endemic problems of obesity and ill health amongst rural communities.

Discussion led back to the problems with SFF course participation, *'The problem with this course is that all the wrong people went to this course. How do you get to those overweight, unhealthy types that aren't motivated to attend?'* The challenge in bridging the gap between reality and the ideal is *'targeting those who are not prioritizing their health'*.

### **Aspects of farming that support health**

The women identified the following factors:

- Being away from shops and junk food: *"if you don't buy it you don't eat it."*
- Being *"out and about all the time"*, walking and being outside
- Fresh air
- Getting Vitamin D
- Children are outside and active all the time, unlike children living in towns

### **Aspects of farming that make it difficult to be healthy**

The women identified a number of factors that inhibit, or make health difficult for farmers, including:

- Laziness
- Having a “sweet tooth”
- Being time poor – ‘*Being busy all the time means no time to self or time out*’  
Lots of women noted the late finishes to their working days.
- One commented on the strain on men, that they “*just get busier and busier*”, and that they find it difficult to switch off from work: “*When men are away they are often thinking about what they should be doing.*”
- Lack of access to sporting facilities or events, as well as the difficulty of finding time for these activities

*“No real access to yoga, Pilates classes aerobics etc. Camperdown does have classes but you need to travel – its hard to knock off at a certain time, farmers don’t actually knock off and classes are considered expensive. It’s cheaper to walk down the road and I still can’t find that time!”*

### **Suggestions for improvement**

The women felt that the most important improvement would be to target the wider audience of farmers that were not represented at the workshops, and that using farmers’ networks is the best way to do this.



## Camperdown, 18<sup>th</sup> August 2009 - Men

Participants: 7 men  
Facilitator: Stuart Raetz, Roberts Evaluation  
Date: Tuesday 18<sup>th</sup> August 2009, 11.30am – 1.30pm  
Location: Commercial Hotel

For this focus group the participants were separated into two groups: men and women. The following is summary of discussion from the men's group.

Participants came from the region surrounding Camperdown including Colac and Shelford. The group were engaged in a number of farming types, mainly dairy, but also beef and lamb and cropping. Farmers' roles and responsibilities varied across the group, from the property manager of a large farm to small family run operations. Group members were variously born in the area, long term residents or new arrivals.

### Experience of the program

#### Likes

The men particularly liked having access to information, gaining increased awareness and sharing their problems with others.

Their comments with regard to the value of the information and their enjoyment of learning reflected an appreciation of how the information applied to them personally, and for many had resulted in a new way of looking at their farm lifestyles. For some this had made them think ahead about their health and future plans:

*"The program gave us the chance to learn what we need to do to keep on top of problems and stay well."*

*"[It reminded us] about safety issues around the farm, for example, you should wear a helmet on four wheelers"*

*"The food and nutrition information was great... going back years everything was cooked in fat, always milking cows and so had cream and butter and the whole story revolved around fatty food."*

*"Reminded us we are not actually getting aerobic exercise even though you work really hard. It's not cardiovascular and that was eye opening. Only shearing or crutching gets your heart rate up... We got lazier with introduction of motorbikes – no longer walk down to get the cows where our grandparents push-biked or walked."*

*"The course made me stop and think about not wanting to miss out on the kids growing up. A number of older farmers noted they saw more of their grandkids than their own kids."*

*“Not just passing on the farm but planning what you are actually going to do for your life in retirement, to make sure you stay healthy and well when there is no longer physical exercise built into your routine.”*

The men also found it valuable to be supported to share their issues with peers in similar situations:

*“When farming you are in isolation, so sharing issues and realising that issues are shared, well its good from that perspective.”*

*“Statistics on the board were alarming and but made you wake up a bit. [They were] scary in one sense but generally good to know where others are at too.”*

### **What didn't you like? (Or what could have been better?)**

The men felt that the timing was important in the workshops:

*“Morning was the best time to do the things you want people to listen to. Afternoons your brains were full, mornings alert and listening – so thinking about scheduling is important.”*

They were also concerned that the people who attended the workshops were not the farmers most in need of the information and knowledge, and the difficulty of convincing less health-conscious farmers to attend:

*“After looking around the room the group in our course was younger and fitter and it looked like the people who should have been there probably weren't there, and I don't really know how you get those people involved”*

*“It's two full days away from farm and so there is an issue of encouragement – but how do you make it clear the benefits of participation?”*

### **What did you learn from the workshops?**

The men explained that they had learnt:

- That work life balance is so important
- Dietary information
- Safety practices
- About men's health and anatomy: *“...what we didn't know and what we thought we knew, and then the following time taking the group through women's health issues, it increased our understanding of each other.”*
- Prostate cancer awareness, which for some had lead to preventative action – *‘I have been and got everything checked subsequently, and have booked into a further seminar on prostate cancer.’*
- The importance of family history: *“That family history plays such a massive role, if something wasn't present in other generations then your chances of being affected are drastically reduced.”*

## How did you feel at the end of each workshop?

One farmer mentioned feeling shocked at the statistics they showed during the course of the workshop, including those around depression.

*'What is the point where you cross over into a clinical state and should be worrying about depression and what is just general worry...how do you diagnose whether its either your self or partners at risk?'*

## Lifestyle changes

This question prompted lively discussion amongst the group, with a large amount of anecdotal evidence from participants about the importance of paying attention to health.

The collective response from the group was that it left men particularly feeling more responsive to the idea of check-ups. For several involved in this group this shift proved critical. One farmer was immediately checked into hospital after heart problems were detected.

For others in the group it was about increased general awareness and what signs one might need to look out for:

*'It's not just passing off the headache or the sore shoulder as symptomatic of work...and being aware about what happens if you don't have symptoms.. you know, reminding you that you aren't infallible even if you feel like nothing is wrong..'*

Some in the group noted that in spite of their best intentions real change was difficult to implement: *'It's hard to get your waistline under 100cm!'*

However for those whose partners had also been involved in the program workshops the difference in behaviour was more real, and it helped in presenting a united front to the kids, *'Now the kids are supportive but shopping really has changed and the kids miss the sweet stuff!'*

## The portrait of a healthy farmer

The group was asked to describe the ideal healthy farmer. While one farmer was quick to note that *'there is no perfect model, you can't squash it into one model or into a box, it isn't possible'*, there was enthusiastic participation from the whole group and the resulting list of characteristics and working conditions included:

- Age – the group argued a healthy farmer would be older and have had a full life, and that conversely the younger farmers needed to be careful with their health: *"All [young ones] just sitting in tractors' need to be wary of the sedentary nature of modern farming practice."*
- Educated – highlighting the need for business nouse and work practice efficiencies as a result of changing farming conditions, *'because how do you tell*

*a 19 year old that he needs to borrow 1.6 million to by a farm, to keep running the family farm'. 'You have to be a good business manger'.*

- Enjoyment of the job – *'You are wasting your time if you are just doing it for the money – you have to enjoy it'*
- Be physically active
- Work life balance – a healthy farmer needs to have a holiday, with two farmers noting *'you come back so much fresher and have changed perspective. Since the workshops and course, I prioritized this as goal and as a result no longer see it as such a cost to the business, more of a benefit ...'*
- Financially solvent

When asked about the 'ideal healthy farming woman' the jovial response from the group was that the same sort of things applied. Answers across the groups were generally not serious at this point with a notable exception from one respondent who noted his partner's strength in the face of his depression. This was a significant moment in the group, where the conversation moved to the importance of a close working relationship on the farm and the value in communicating with your partner. The group acknowledged the example that had been given, and another participant noted that he had lost his brother to depression.

### **Ideal vs Reality**

When asked how they saw themselves in relation to the ideal model of the healthy farmer, the group felt they were moderately successful, with the ensuing discussion featuring more evidence of incremental behaviour change. Some efforts to bridge the gap between the ideal and real models of health were:

*"I have been doing a session of ten minutes a day since workshops."*

*"Swimming has been taken up, the kids motivate me (and I want to be around a bit longer to see them) and now I am actually more motivated – and have changed a few other things, like walking for the cows, with my dog which was novelty at first but unfortunately we lost our dog the other day when it got hit by a milk tanker."*

*"We were always eating late so the kids would snack and then not eat at dinner. We have tried to look at what and when we eat including low GI food for breakfasts and are trying to avoid eating in front of the TV. Trying and making a change."*

*"[I have been] walking up to the bus with the kids in the morning."*

### **Factors enabling health (when farming)**

When asked what makes it easy to be healthy whilst farming the following two factors emerged were the potential to have a healthy diet, and living in the natural environment. With regard to the environment, the men stated variously

*'[We're] not in the hustle and bustle of the town. If I am in town all day I am dying to get home, try Melbourne, shudder, just noise all the time, though we do try and get there for the kids to experience different parts of the world',*

*'The outdoor life'; '[We] live in the best part of the world down here'*

### **Barriers to health (when farming)**

When asked what makes it difficult to be healthy when you are farming a key theme to emerge was the isolation faced by farmers. This was in keeping with earlier discussion about the prevalence of depression, and the importance of socialization. *'You need outlets off the farm, you must leave the farm occasionally'*. Other factors were:

- *"Liking your food too much"*
- *Time and work load: 'It's a 7 days a week job'*
- *Motivation*
- *The difficulty of maintaining balance*
- *Finances makes prioritizing health difficult: "Add in the cost of getting people in to manage, [if you take time off]. Dairy farming ties you down a lot and you can't really take a day off, you have to get someone in. Its different if you are employing them already, compared with getting in a new person."*

### **Suggestions for improvement**

While the group agreed that the workshops were successful and enormously beneficial, with one noting that SFF was a *'very well set out program covering a vast array of health issues from an overall perspective'*, a number of concerns were raised about general attendance and how to ensure a broad audience in future rounds.

One participant suggested you might need to *'trick the farmers'* into attending, which spurred another to suggest the following:

*"Field days – use them for pre checks ups and advertising the program. Use Sheep conventions to access broader spectrum of farmers, because that is the challenge. A blood pressure stall here or there... you need to get out there because people aren't going to come to you, and they won't do it for their own health."*

**Ararat, 19<sup>th</sup> August 2009**

Participants: 5; 2 men and 3 women (2 couples)  
Facilitator: Jacqueline Storey and Stuart Raetz , Roberts Evaluation  
Date: Wednesday 12<sup>th</sup> August 2009, 11am – 2pm  
Location: Shire Hall Hotel

The five participants came from the region surrounding Ararat and held acres at a number of sites including Lake Bolac, Glenthompson, Beaufort, and Stawell. The group were engaged in a number of farming types, including; cropping, wool with some cropping, and lambs and wool. All noted the labour intensive nature of their work.

Two of the farmers expressed the feeling at the outset that they were entering a new phase of life as they got older (into their 50s); one in which their farming was becoming less hands-on. They commented that this was “probably the perfect time for me to do a course like this” and “I found it so enormously beneficial”.

One farmer noted that he was at stage where his sons were beginning to take over. One farmer employed two full time workers; this was rare amongst the group, who were otherwise working smaller properties by themselves or with their partners.

The group had attended SFF workshops across the region including Hamilton and Stawell. Participants said they generally knew all the people at the workshops, though it afforded the opportunity for two participants to meet new people. All participants had been involved in the SFF second year workshops, though one participant had joined the program in the second year after work commitments changed.

**What they liked about the SFF workshops**

The aspects that the group liked about the SFF workshops included: setting goals, the presenters, particularly WDHS staff “*the Hamilton ones who facilitate the program do a wonderful job*”, the chance to talk about health and share perspectives with peers, the individual health assessments, and learning new (and often surprising) information. Further explanation of each aspect is provided below.

All in the group were very positive about the value of setting goals, agreeing that unless you have a goal and a deadline you just keep drifting.

*“[My husband] had never had a holiday in ten years but made it a goal...and he actually did it!”*

*“Weight reduction was the aim – even if you don’t stick to it, the goal is always in the back of your mind. You always know its there.”*

*“One of my goals initially was to fill the dip (ditch) in, and I think I probably got it done about one week before we had the second session. And I probably wouldn’t have done it if it wasn’t for that second session. It was really just a matter of getting the bobcat, you know, half an hour of something it was done. You know, it was always a bit of a worry to me, but that [responsibility] to report back and to say I hadn’t filled it in would have been a bit slack really.”*

*“You know, us blokes, you know how to fix a tractor but really not your body.”*

All expressed how beneficial they found the discussion and sharing of perspectives amongst their workshop groups. One farmer commented “I found that fascinating, the chance to talk about health”, and another that “the open discussion was awesome, fantastic, just picking up stuff about our own health.”

They felt that the health assessments were “*really good*”, for the opportunity to track change over time (“*Establishing baseline figures. With one off visits they say you are sort of alright, but second visits emphasise progress*”), and particularly for discovering that individual and group health was not as good as expected:

*“No-one in our group was in the 1-5 low risk area, everyone in the medium to high risk factor area for diabetes.”*

*“There are things going wrong that you are not aware of. Its really bad if you are one of those who haven’t been to the doctor in 20 years.”*

The group also enjoyed the new information they found in the workshops, particularly the aspects that surprised them, or made them realise something that they had never paid attention to before. For example:

*“Everyone knows that farmers all pee every time you go to the gate but you really have to hold your bladder, it’s just not good to be going all the time. That was a 15 second snippet of the whole meeting but those little gems made it worth it”*

*‘The talk on diabetes was a real eye opener.’*

### **What didn’t you like? (Or what could have been better?)**

The key message from the group was that timing provided the greatest challenge to workshops and they discussed a number of examples where this might be improved for future rounds. The group noted that scheduling over the two days was tight, such that any discussions running over time resulted in “*information dumps*” in subsequent sessions – where some topics were presented in a hasty fashion, creating a feeling of “*information overload*”. One farmer noted that group discussion was great but that if it went on for too long, it detracted from the information presented in other topics.

The group discussed a number of options to address this.

- Schedule less across the two days
- For one workshop, where the supermarket was a long distance away, the participant thought that the driving time could have been saved

by asking people to instead bring in examples of their normal grocery purchases to discuss and read labels without leaving the workshop venue.

- Dispense with the meditation session *“We haven’t done it since but now its there and you can call back on it if you want to”* (followed by laughter amongst other group members..)

### Learnings from the workshops

The learnings articulated by the group were that:

- Health is frequently taken for granted:  
*“We don’t think about things going wrong and it reminded us to look after ourselves before things go wrong. We don’t always abuse our bodies but nor do we take the care that we actually need.”*
- In spite of differences in backgrounds, farm size and farming philosophy, a huge amount of common ground exists within farming communities –
- That farmers’ think they are healthier than they really are, *‘for males it was the ‘she’ll be right mate attitude’ the sense that you are bullet proof.’* They were surprised however that this was also the case for the women, who were perceived as being more health conscious than men.
- To read food labels closely  
*“If you know what the good product is that is the one you get.. our pantry shelves have changed over the last two years, now there is muesli not Nutri Grain™”*  
*“I was so surprised to hear that brown bread is really no better than white bread.. that you actually have to have the whole grain... now that - well, we were just brought up with brown is better, and yeah so now we eat sourdough bread.. with low GI! (Though I will knock off a loaf in a day..)”*

### How did you feel at the end of each workshop?

The group members identified a mixture of feelings after the workshops, including:

- Exhaustion
- Close to the workshop group; a *“sense of closeness and sharing, leaving you a bit inspired to do better with your health and farm health and safety.”*
- Inspired – *“it gives you a real lift”*
- Relief, and a sense of permission to make health a priority:  
*‘I feel better about employing casual labour ...I’m getting older and realise I shouldn’t be working the body so hard.’*
- More aware – *“[It was] a basic reiteration of the interwoven nature of physicality and your mental capacity.”*

### Lifestyle changes

The biggest difference for the group had been greater awareness about things like exercise, nutrition, depression, and safe handling of chemicals. How effectively new



measures were embraced or put into practice differed across the group, though all participants reiterated that the goal setting made it easier to stay focussed on changing their behaviours. The most common change was dietary modification; usually a change in types of food products purchased.

One of the men discussed learning how to monitor his own health and to reassess the way he did tasks; "I previously only engaged outside help for very technical work but now I get external help to do physical work, which is a big change in getting older." He noted that his previous attitude had been that "feeling wrecked at the end of the day" was a good sign, that it meant you were working hard, but that he had come to realise that "working your guts out on the odd occasion is actually not so good as you are out of practice."

One farmer had completed level one and two first aid courses immediately after completing the first workshop, and another participant had enrolled in a counselling course after noting signs of depression in her partner.

### **Family response to lifestyle changes**

When asked about the response of others to implementation of these changes there was much laughter amongst participants. There was slow acceptance amongst the families of participants, and in some cases active resistance from kids, *"Bread got our household – we all grew up eating white bread.. now we have changed to seeded bread or something, the kids won't accept that at all, they won't eat it."*

One participant noted the value in attending with her partner, stating that perhaps the most worthwhile aspect was the talking time on the way home, *"I found it was good as a couple [to] keep each other on the straight and narrow, [my husband] started going to western district men's health night."*

### **The ideal healthy farmer**

The group was asked to describe an ideal 'healthy farmer'. There was enthusiastic participation from the whole group and the resulting list of characteristics and working conditions included:

- Work/life balance with a 40 hour work week and holidays: *"You shouldn't have to work 60-80 hours a week just because you are a farmer."*
- A stable and secure income *"as a reward for effort and it would help to legitimize [farming] as a profession"*
- Planning skills – resulting in efficient work, planning and preparation for key tasks (like stretching before shearing, equipping oneself with safety gear, building in medical assessments, taking days off and so on)
- Regular exercise as part of a daily work plan
- Attention to and concern for health and safety in daily work practices

When asked whether there would be any difference in the ideal farmer if they were a man or a woman, the group agreed that the model applied equally to women, but an

additional key point was made about the importance of women being included in the decision making. One participant said that while *'there is usually a family discussion about what is going on'* that she didn't have much of a say in what decisions were made, including those that affected the health and safety of her family on the ground.

### **Whether the ideal exists in reality**

The group felt that the farming community they were a part of was a long way from their portrait of the ideal farmer: *'We are well aware that we are not as healthy as we should be, or even think we are'*, and noted that mental health and depression are of concern.

This raised the point that all members of the group felt that the people who attended their workshops were not reflective of the total community; that there are others *"out there"* who are not as healthy, and who should be attending. They felt that more thought needed to put into how to reach that broad audience.

### **Aspects of farming that support health**

A number of factors were listed by the group that can be grouped into two categories; location and the freedom of the job.

The location of farms, on the land, and away from larger centres or towns afforded a number of possibilities:

- The opportunity to grow your own fruit and vegetables
- The ability to remove yourself from the junk food and excess of town or city life
- The chance to breathe fresh air (*"when you aren't spraying!"*)
- Peace and quiet - the mental break from noise and the bustle of towns, *'City people wish they could come to the country. Country people don't generally want a 'city weekender'*

The farmers' job description was also viewed as a factor with potential to contribute to health

- Variety of work and the freedom of your working day
- Benefits of being your own boss – no need to negotiate workplace politics
- Responsibility
- Weekday flexibility, *'You are the master of your own day to day lifestyle. Wouldn't give that flexibility up for anything' 'Priceless'.*

### **Aspects of farming that make it difficult to be healthy**

The group identified the following factors:

- Drought
- Technology; *'farming is much more passive now'*
- Isolation, *'you are often on your own for days'*

- Emotional toll of the work *'when you see a ewe standing over dead triplets... it's an emotional rollercoaster, this all takes a little toll which adds up'*
- Chemical use *'the change in the last 30 years has been huge but [we are] using them infrequently, so safety gear isn't present over just small scale use (though if my wife is around the yard the gloves and mask go on!).'*
- Lack of resources and successors mean that individual farmers take on large workloads – *'No kids interested in the farm, so you either do it by yourself or hire someone, but there is no admission that I won't do the task. The task has to be done – regardless of the cost to your body.'*

### **Suggestions for improvement**

The group did not feel that the program itself needed improvement, as they had found it valuable. Their suggestions related to expanding the program to a wider audience. They felt that a champion system; where past participants spoke to neighbours and friends about the benefits of the program, might work amongst the community, stating that person to person contact would be the best bet for ensuring attendance.

One farmer stated *'I would not have done it if my wife was not involved... and I would be so much the worse for not doing it. I have seriously changed my life and people have noticed.'*

**Warracknabeal, 20<sup>th</sup> August 2009**

Participants: 3 men and 3 women  
Workshops: Warracknabeal

Facilitator: Jacqueline Storey, Roberts Evaluation  
Date: Thursday 20th August 2009, 10am – 1.30pm  
Location: Royal Hotel, Warracknabeal

Participants came from the region surrounding Warracknabeal, and all had attended the Warracknabeal workshop. It was intended that this focus group only involve participants from a single workshop; to concentrate on what had worked well, and to observe the interactions amongst participants from a single group. The group included two couples, and one man, and one woman, both of whom had partners who were unable to attend the focus group session. Ages ranged across the group from those with young families, to those of retirement age.

The participants were all known to one another, several were neighbours, and were particularly close knit, as evidenced in the level of intimacy in the introductions and throughout the discussion. One farmer encapsulated this closeness with the following statement, *“we can fit our whole district in one car”*, noting that there are now less people on bigger farms.

The members of the group were all either sheep farming or cereal cropping, or a mixture of the two.

The discussion immediately led into the multitude of difficulties the participants are facing; from worries about staff retention; aging farmers and the problems of succession planning; the ability to make a financial contribution; available health services and so on. It was evident that the group is feeling stress on a number of fronts, although the mood in the group was always constructive and supportive, and the strongest conclusions to come out were related to the closeness and strength of community relationships.

The group talked at length about succession planning, highlighting it as an issue of concern within the region. Discussion was both personal and anecdotal, with participants speaking about the future of their own farms and those of neighbours.

*“The last few bad years has changed the dynamic for farming and families... the attractiveness of waged positions for young people are forcing the older farming groups to stay on. We are staying longer than anticipated. You look around and think when will it end because you see lots older than us who are still going.”*

*‘[He is] 60 years old and doing a succession plan, while father in his 80s still hasn’t doesn’t his succession plan and passed on the farm – it just makes me think about our kids who are still very little...’*

*'Our original homestead was owned by my great grandmother, it bypassed my grandfather and went to dad as he died before she had passed it on... but the current financial climate means your plans are out the window. [There is a] need for flexibility'*

*'No matter how you set up your plan, one person will be unhappy – one has to give more and one gets more, you can't foretell the future. Not many of us want to write in for a disaster future – succession plans tend to be for good futures. [There is] No right answer.'*

## **The group's experience of the SFF program**

### **Likes**

The groups liked the quality of the program, the individual health assessments, and the fact that it made them look at their lifestyles and their health. They also liked activities like the supermarket tour. Their specific comments were:

*'[The] whole thing was well run, administration, education, good food and catering provided good examples, appreciated the ability to address things that don't otherwise get a look at in daily life'*

*Health checks were good for benchmarking, your health became measurable'*

*'More aware generally, how important health is (health education) – was the last thing. Changing the oil on the tractor gets done, but it's done before you ever think about or go to the doctor.'*

*'Independent assessment of how you are travelling is a good thing.'*

*"It forced everyone to look at where we were going and what we were doing – especially beneficial for younger farmers who may think they are a bit more invincible, or opened communication between generations (father and son farming partnerships)."*

*"Mental illness and its stigma and I always thought it was softness, but now have had the realisation it is a genuine illness"*

*"That was the biggest for me, I never made time to do that – you just eat when you are busy and don't think about it. Dad always looked at these things and even vitamised stinging nettles and lived to 91 and mum to 99. It reminded me that 'we are what we eat'."*

*'We pay attention to dog nutrition but not our own'.*

### **What didn't you like? (Or what could have been better?)**

All comments in response to this question related to concerns about greater participation in the program, including that the audience was not broad enough, that the time away from the farm acted as a deterrent for some potential participants, and that given the small community people are already over committed.

*'There was not enough participation'*

*'It would be nice to share experience with others who missed the chance to participate, better if more bigger families participated, for example my son and his wife'*

*'Lots felt they were too busy, that it was too hard, or too many days away from the farm'*

*'Evening session might suit people better – but regardless times will always not suit others..'*

*'The people who have attended these seminars and workshops have all had an interest in gaining knowledge, whereas the people who probably should go to these things don't have any interest'*

### **What did you learn from the workshops?**

The learnings for the group were:

- About smoking; *"just how incredibly bad it is"*
- For men; learning about women's health: *"we didn't know lots of things about women"*
- How to read labels and select healthy foods
- *"That people in the community care about our farmers and our health."*
- To be aware of their own health and to ask for help: *"Don't try and do things on your own, don't involve your self in risky behaviour by yourself, be aware of risks, have someone with you, even if its just watching."*
- The importance of maintaining communication with neighbours, both for safety and also for support and mental health: *"keeping an eye on each other but also just conversation, good for mental health and just to show someone cares."*

### **How did you feel at the end of each workshop?**

The Warracknabeal group reported feeling:

- Revitalised
- *"It was a good day and I enjoyed it"*
- *"Came away feeling like I learnt something"*
- Eager for the next day, or the next workshop
- Motivated
- Energised by the atmosphere of the day: *"The atmosphere was fantastic, good, a social thing, not sitting there looking at the clock, good attitudes and free flowing discussions, good laughter therapy."*
- Positive, even in the face of big worries: *"In spite of the dire future and outlook, and you know there is no one in district to take over farming, well I still felt the whole experience was quite positive."*

## Lifestyle changes

The group indicated a number of attempts to change behaviour, but felt that real change had been hard to implement, after years of ingrained behaviour. *'How [do we] change behaviour when we always managed without things, or have always done things another way'*. The biggest changes were in eating and shopping habits:

- Changing products purchased
- Change of eating habits *'I haven't eaten out of the bain marie at the Shell Servo since! Well, only one pie...'*
- Reading labels: *"I never used to check labels – now I always check and especially check and see if it's Australian made."*

One reported that they went to have a health check, another that they now no longer lift heavy weights and instead use something or someone else to lift with.

## Family responses to changes

Two responses were described. One instance was a father who had come home from the workshops and discussed safety with his son. This had gone well and resulted in changed practice, another that a son had not taken advice

*'There were a number of safety issues that we carried through and took back to the farm. Often we overlook things because of financial constraints and then it became apparent that some things couldn't wait irrespective of the cost.'*

Another example was where a father had tried to give advice to his son about alcohol consumption, but, to the amusement of the group, was not sure that this had had an impact: *"I tried to tell my son not to drink so much beer... but I don't really know how that went down."*

## The ideal healthy farmer

There was enthusiastic participation from the whole group and the resulting list of characteristics and working conditions included:

- Age: that they would be in their early 40s
- Physically fit, have optimal health
- A sound mental state, for coping with stress
- Health conscious
- Have outside interests
- Well educated on safety issues
- Switched on
- *Try not to drink too much – 'but still enjoy a drink otherwise you will go out of your mind'*
- Smart – a good education
- The 'perfect farmer' will be open minded and ready to take on new information: *"well you never stop learning."*

When asked if the ideal healthy female farmer would have any different characteristics participants were less able to list traits and instead conversation

turned to the particular difficulties facing women in farming families. Comments offered included:

*"[It's] Isolating for females on farms or even farm assistants – men get out more."*

*"Young mothers, or mothers of young children, can't get out or get away – going out can be an issue with kids and sometimes it's just easier to stay home."*

*"Farmers never switch off, but wives of farmers never switch off either. [There is] reliance on women as bookkeepers to contend with BAS statements etc, they offer big support and also are responsible for keeping a house and cooking and cleaning..."*

*"Wives are often a sounding board but who does the wife get to unwind to? You both need to be each other's sounding board."*

### **Factors enabling health (when farming)**

The Warracknabeal group saw the following as factors particular to farming that enable good health:

- Fresh air
- Privacy: *"You can yell at your dog without anyone going crook at you."*
- Freedom: *"It's not 9 to 5, you are your own boss."*
- There are quiet times in the year when you can take time away, and you are free to plan your day or week as you choose.
- The community support: *"If something goes wrong, everyone, the whole community, bands together. Well, you compare that to cities where you may not even know your neighbours."* One of the older men also identified the importance of social support in describing a local "Gentlemen's club" where the members meet monthly and have a *"stuff-up of the month award...you get to talk about it and laugh in your jovial manner, a debrief and de-stress about what actually happens."*

The group also commented on the importance of positivity in the face of difficult circumstances: *'If you are in this game you are an optimist'*. The older members of the group offered hope to the younger two; with the comment: *'We have seen it come good before – this run [drought] is just a bit more prolonged'*, which the younger two greatly appreciated.

### **Barriers to health (when farming)**

The group listed:

- Stress and a lack of support
- Chemical use – *"especially if you aren't practicing the right way"*
- Time management and the difficulty of factoring in exercise, socializing, holidays
- Lack of family time, but also that the obligation you feel to have family time exacerbates stress
- Lack of finances to look after your self
- Distances to travel to health and other services.



### **Suggestions for improvement**

The group reiterated their praise for the program, particularly that it covered a broad range of content very well. They made suggestions for aspects that should continue, namely:

- Funding to ensure the program continues so a new bunch of farmers can benefit
- Follow up from the nurses on action plans: *"[she was] the motivator, she sent letters and called and made sure commitments stayed current."*
- The provision of childcare, which had been an important enabler for younger farmers to attend.

## *Farmer case studies*

Five farming couples were visited during August 2009, on their farms, to discuss in depth the aspects of being involved in different types of farming industries. The areas and types of farms visited included:

- A dairy farm in the south west, near Cobden
- An orchard in the north east, near Shepparton
- A sheep farm in the Wimmera, near Avoca
- A mixed farm in the Wimmera Mallee, near Donald
- A mixed farm in the North Central region, near Wedderburn

In general the findings were that there were many commonalities between different types of farmers; they all face the challenges of market fluctuations (at the time of the interviews, the dairy farmers were facing particularly low milk prices) and of drought and poor climactic conditions (more pronounced in the north western parts of the state). They all articulated similar aspects of farming that they value and which promote health, and while their seasonal and yearly activity is industry specific, all felt that it was possible to arrange time away from the farm.

## Mixed farming (sheep and cropping), Donald

### ***The family and the farm***

The couple visited in Donald are in their early forties and have three children; aged 5, 9 and 11 years. They own 3000 acres (~1200 hectares), run 1000 ewes, and have a Poll Dorset stud from which they sell 170 rams per year. They also have 15 to 20 cows, mainly for their own consumption. They crop most of the acreage, setting aside the rest for the sheep; in the past year this amounted to 600 acres. The crops include wheat, barley and oats, and in the last 5 to 6 years they have also cut hay to sell in the dry years. They employ one staff member for seven months of the year. The husband's father is also working on the farm, but planning to retire soon.

### ***The year***

From April to May, they are lambing and cropping ("*and chasing foxes!*"). In October, they sell rams, and cut and bale hay. Previously the husband had "*run [him]self ragged*" doing contract work for other people at this time of the year as well as working on their own farm, but has decided that this is no longer worthwhile. January is generally a quiet time where they are able to spend a few days on the coast with their children.

### ***Positive aspects of farming***

The aspects of farming that they like include being their own boss; being able to set their own hours (except when lambing); being outside, and the varied work. They also like the area they are living in, as it has a very strong community spirit.

Aspects of farming that they felt made it easy to be healthy included living in the great outdoors; the many opportunities for physical activity; and the peace associated with farming, as opposed to the rush in the city. They value living in the natural landscape and the ability to sit outside in the peace and quiet.

### ***Negative aspects of farming***

Some of the negative aspects of farming in their area and industry include drought, the arid conditions, dust and flies, and how draining the hot weather can be. They also noted the mental and financial affect of weather and seasonal conditions: "*it is easier to be healthy when it rains. And when it's not raining, it's as if it affects the whole town - people get more and more anxious.*"

Living in a rural area brings the challenge of travelling long distances for health services, as well as limited opportunities for social recreation activities; usually no options besides football and netball.

### ***Safety concerns***

The safety concerns that they feel related to the cropping industry included machinery such as the grain auger, fatigue, and using a four-wheel motorbike. They pointed out that children can be a major safety concern because they are unpredictable. The dam is of concern, although this will be decommissioned once the Wimmera-Mallee pipeline is operational.

Exposure to chemicals through the inconsistent use of appropriate safety practices was identified as a concern in the cropping industry, and attributed to the fact that *"you're not working with chemicals everyday, so when you do, you can be a bit, "Oh, I only need to do this quickly.""* Other safety considerations include the need to be mindful about using sunscreens when working outdoors and being a long way from assistance if something goes wrong.

### **External factors**

Apart from the rain and the climate, external factors that they felt impacted on their health and on their business included commodity prices, as well as the cost of their inputs such as fertilisers. The administrative side of farming including the paperwork for GST and WorkSafe can also be challenging: *"If you're not on top of it, you get buried under it. It ends up with a box full of stuff and the important stuff gets lost."*

Their way of managing these risks involves two strategies. Firstly, they have diversified into cutting hay and farming more sheep. A few years ago they were only cropping and this change in operations has spread their risk. Secondly, they also pointed out that their faith was a key factor in their ability to manage the stress of external factors, joking that they may *"have the inside running."*

They were well aware of the seriousness of impact of climate in the area. Whilst they felt that they were *"okay"*, they knew of others who were thinking of *"pulling the plug"* and others who didn't know what to do. They were especially concerned about older farmers who didn't have any children to take over the family farm and who are continuing to farm for longer than they intended.

They have considered issues of family succession and the viability of farming as a business that can be handed on to the children. Whilst they *"wouldn't put pressure on the kids to choose,"* they have a son who *"is mad keen and a born farmer"*. They explained that if it was not for his interest, they would probably be doing something else in ten years, but will continue with the farm so that they can pass it to him.

### **Experience of SFF**

The aspects that the couple liked about the SFF workshops were the group dynamics and meeting people: *"Getting together with other farm families, people we had stuff in common with";* learning; the free health checks, where they found out issues that they otherwise would not have known and realised that they needed to go to the doctor; and that the workshops provided *"food for thought."*

Learnings from the first year workshop related to heart health, men's health and the importance of regular health checks. The husband commented that, *"like most men in Australia"*, he would never go the doctor unless it was absolutely necessary. In the second workshop they learnt about depression; identifying early warning signs; the importance of not dodging around the subject; and who to go and see for help. They noted that there had been a number of suicides around Donald and so the discussion about this in the workshop had helped to take the stigma away: *"You're not a complete failure if you're feeling down."*

They described the atmosphere in the workshops as lively with lots of discussion. They felt that the success of the group depended on the willingness of people to be open and volunteer information, and they felt that they got to know the members of their group.

They had only two concerns about the workshops. Firstly they felt that some topics, such as farm safety, were covered too quickly. Secondly, while the health checks were good, they were left to follow up some aspects of these themselves. They found that as they got busy on other things, they were less likely to pursue their referrals.

Their action plans were to lose weight and to look at some farm safety issues. The husband noted that the finances got in the way of making the safety changes they identified, including access to the silos from the ground and building new chemical sheds. He pointed out *"I ran around and got all the ideas, but I didn't have the money so that got shelved."* According to the wife, one positive change they were able to make was to get rid of the television. They felt that this had been very beneficial by encouraging their children to get outside and become more active.

They had three suggestions with regard to improvements to the workshops. Firstly, they thought that follow up phone calls and bringing people together again after the workshops would help keep people on track with their action plans. Secondly, they had come across other farmers who had said, *"Oh, I wanted to do that"*, and thought that the workshops (and associated things like the provision of childcare) needed to be better publicised. They wondered whether the two days could be changed to evening sessions, and were emphatic about the importance of doing another series of workshops to pick up on the people who missed the first workshop.

## Mixed farming (sheep and cropping), Wedderburn

### ***The family and the farm***

The couple interviewed in Wedderburn are aged in their mid-40s and have 5000 acres (~2000 hectares); 2500 of which are used for cropping. They run approximately 3000 sheep. Their 22 year old son works on the farm together with the husband, the wife works off the farm four days a week as a teacher, and their 24 year old daughter lives and works away from the farm.

### ***The year***

Their year starts with crutching sheep and by mid-March they begin supplementary feeding pregnant ewes. By May 600 ewes will be lambing. From mid-April until June they sow crops (cereals and legumes) whether it has rained or not. In the third week of June, shearing starts. In the first week of August another 1400 ewes are lambing, and in October and November they cut hay. They usually take time for short holidays at three points in the year; over Easter, the first week of July, and in late September.

### ***Positive aspects of farming***

The aspects of farming that they like differed for each partner, although they agreed with one another's comments. The husband liked that *"you are your own boss. You create your own scenario, you live and die by the sword; you make your own choices"*. The wife commented on the peace and quiet of being isolated, as well as the space that they have, which means *"that I can have a big garden"*. They both valued that they had been able to bring their children up on the farm.

The wife also noted that she felt pride in their farm and their achievements: *"I'm proud that [my husband] and I have done well, that we have 5000 acres, that we have a lovely house."* For her it was also useful to have a farmer as a partner who was good at building things; *"like that pergola out there!"* They noted that they are close to the town and have easy access to the services they needed. Other positive factors included being part of a community with an active netball and football club and they were particularly appreciative of the topography around their farm with its rolling hills, rivers and creeks.

The aspects of farming that they felt make it easy to be healthy include the fresh air, as opposed to Melbourne, which they saw as overcast and polluted. There are plenty of opportunities for physical activity; like getting in and out of vehicles and running after sheep. They also felt that they ate healthy meals as a family at night-time, however, the wife suspected that lunchtimes weren't as healthy for her husband and son who might get fish and chips in town or make their own lunch.

### **Safety concerns**

The safety issues that they identified as important in their industry included the risk posed by the height of the grain storage silos, and the dangers of chemical use, particularly sprays. There are also issues specific to their property; that they live near a busy road where they often move machinery and sheep, and that eroded creeks around the farm cause hazards for driving and walking.

The husband, and to a lesser extent, the son, have been involved in many incidents and some serious accidents on the farm. The wife listed a number of injuries her husband and son had suffered, including welding injuries, cuts from shearing handpieces, chopping fingers while chopping wood, and rolling the ute. Her husband stayed quiet and she joked that he was “*getting away*” with other injuries, because she couldn’t remember them all. His response was to describe the incidents as “*general farming misdemeanours*”.

### **External factors that impact on health**

They felt their family was relatively healthy, and saw this as something within their control. By contrast, they saw the health of their business as very dependent on external factors, particularly climate: “*there’s a lot of room for upside in the business, and not a lot for downside.*”

The external factors that they identified as impacting on their farm included the Australian dollar, the weather, interest rates, and trends in food consumption which influence global grain production. Their main management strategy was to keep informed: the husband regularly checked the value of the Australian dollar online and read newspapers and industry magazines to keep informed about federal politics and global trends that he felt had a bearing on their farm business.

### **Experience of SFF**

They describe the SFF workshops as having “*opened our eyes to health*” and had very positive feedback on a number of aspects. They found the content to be relevant; the gender sessions were good; the hours about right; and they had high praise for the speakers and presenters. They also noted that the food at the workshop was ‘*fantastic*’, adding that having good food sets an example of what a healthy diet would be like—it was a good investment in the workshop and backed up the messages of the day. They appreciated that the health data was presented to them at the end of the day: ‘*the immediacy of feedback*’ was important. They described the atmosphere in their workshop as good, and commented on the value of having male and female presenters “*rather than the traditional female nurse*”. They thought sharing personal information in their group had been beneficial.

They learnt strategies for coping with stress and anxiety, as well as how to recognise mental health issues in others. The wife commented “*Sometimes you’ll think someone is a bit of a pain in the bum or you’ll just assume that they’ve got poor*

*social skills, but it's about realising that maybe they're depressed.*" They felt that the workshop had helped them to understand the importance of the body-mass index and cholesterol, and while they felt they already knew what a good diet was, that this was confirmed in the workshop.

The husband particularly felt that he had *"learnt a lot"* and stated that he left the first workshop thinking *"I have to make changes"*. He described how his feelings had changed over the three workshops: from the first workshop, where *"we learnt about anxiety and depression. It was all mind-boggling. I left there in a spin. After the second I felt clearer and then the third reinforced."*

They felt that the program *"taught us to set goals"*. They identified two goals during the workshops: improving safety, which is an ongoing practice; and having more time to relax and take holidays. With regard to farm safety, they felt they had always been conscious: *"helmets are not considered daggy"* and they use all chemical safety apparatus. On holidays, the husband commented, *"Often when you're farming, it is an attitude of 'if you've got time to take a holiday, then you should be working harder'"*.

Outcomes they attribute to the workshops included the husband losing 4 kg in the last 12 months, and dietary changes such as using olive oil and choosing to eat fruit rather than sweet things. The husband commented that this was as a result of learning how to read labels: *"I used to eat a lot of ice cream and thought if it was dairy; it was good. But then you flip it over and see how much sugar and fat is in it..!"*

They felt that their son could benefit from attending the workshop as, although he occasionally goes on fishing trips with friends, he thinks holidays are a waste of time away from work. They involved him in discussions after the workshop, suggesting that he would need to look after his body.

With regard to any improvements that could be made to the workshops, the wife suggested that it would be valuable to have a fourth check-up and that this need be no more than half a day or a breakfast, to make it easy for everyone to attend. They also discussed the importance of getting the program to a wider audience. In particular they referred to conversations they had with younger farmers who thought the workshops would be too personal, and that they would be too focused on agribusiness and sharing financial information. This couple thought it was important to have workshops directed at younger farmers, and suggested that a workshop limited to under 35s, offering food, or held in footy club rooms, with a door prize such as RM Williams boots, might be able to attract this age group.



## Horticulture, Shepparton

### ***The family and the farm***

The couple interviewed near Shepparton are in their sixties, and have five adult sons; one working on the farm, and one studying who comes home to assist occasionally. They own two properties and consider their business a viable size. They own 78 acres (~30 Ha) at their home property, and 105 acres (~42Ha) in Tatura. To put this into context, they explained that a small family farm would need 50+ acres and described themselves as having a medium-size farm. They discussed the viability of having cool stores for the fruit and packing sheds on the farm, and the opportunity that these value-adding processes provide for making extra money, instead of the cost of having a 'middle man'. However, they stated that they give their farm produce to agents, because

*"It's less stressful. You don't have to be here checking the temperature or the physical workings, and you don't have to have [my husband] running the farm and the cool store. You would need one in charge of the cool store and one in charge of the day-to-day running of the orchard."*

They currently have one full-time manager employed at the property in Tatura, and one of their sons intends to move to this property when he is ready to take over the management.

### ***The year***

They produce fresh fruit all year round; peaches, apricots, apples and pears. One of their busy times of the year is spring, when they are spraying or irrigating. In summer they continue to irrigate, and they pick fruit from January through to May. During the harvest approximately 30 seasonal labourers come to stay and work, which they find adds liveliness to the atmosphere of the farm. They identified winter as the quietest time of year.

### ***The industry***

They commented on the competitive nature of the orchard industry, describing fruit growers as being "in competition with your neighbour". They contrasted this with the dairy industry, which they saw as

*"Very strong, they all sell to the one person; whereas with us, if our apples are better, we will get a better price. Traditionally, there's not been much mixing in this area, and we have ethnic social groups. For example, the soccer teams are ethnically based."*

They describe horticulture as a family oriented style of farming, both at particular times of the year: *"the extended family flocks to the orchard at Christmas time"*, and as part of the everyday lifestyle:

*"You stay close to people; sons and husbands are in all the time, we do see each other all the time. It is not big enough to get lost like you can on a big cropping farm."*

The wife also noted that there are opportunities for the whole family to be involved in the work:

*"There is always work for women. The women and the daughters, traditionally they've worked in the sheds packing. That is good for family life. Kids can pick up sticks. There are lots of small jobs that the children can be out in the orchard helping out. So they are involved from a very young age. There are small jobs that you can give the kids, and they love to come and earn a bit of pocket money. It's a low level of risk. It's not scary for children, there are no big machines."*

### **Safety concerns**

The couple felt that children on the farm were a safety concern, and noted that they were very strict about not allowing children into the grading shed, due to the danger of the moving machinery which sorts the fruit. They discussed the importance of children learning not to go into the irrigation channels, other than in designated safe swimming areas and with supervision. They also identified 4WD motorbikes and tractors as potential safety concerns.

### **Positive and negative aspects of farming**

The aspects of farming that they felt were conducive to good health reflect a belief that, in general *"life in the country is healthier"*. On the other hand, they noted that it can be very stressful. The husband commented, *"It can be crazy, you can be lucky to get half a day off"*. In relation to taking time off themselves, they noted that they try to get away for a couple of days to go to things like farm conferences or to take long weekends.

### **Experience of SFF**

They felt the workshops were very worthwhile: *"if you come away with one thing it's worth it"*. They then cited examples of some of the benefits they had seen for others in their workshop group. The wife was struck by the example of one lady in their group, who had never done breast checks before. She felt it was very important what this lady had learned from the workshop, she could then pass it on to her daughters.

The husband also thought the value of the workshop could be measured in the benefits to individuals; *"the few people that they catch that didn't know they had high cholesterol or blood sugar,"* who would then get their health problems addressed. He further commented on the importance of having problems identified through the physical assessments, *"because everybody thinks they're healthy"*.

## Dairy, Cobden

### ***The farm and the couple***

This young couple describe themselves as share farmers on his parents' dairy farm in Victoria's richest dairy region near Cobden, just over 200 km south west of Melbourne. The farm was established by his grandfather 52 years ago and has now grown to 700 acres (283ha). A further 500 acres (202ha) of land is leased. The farm is now operated by five family members including his parents and younger brother. His brother recently returned to work on the farm and prior to that, they used three relief milkers.

### ***The year***

At the peak of the year they milk 450 cows. Calving covers a six week period and they have three different calving periods in a year with about 120 cows calving at one time. The family use artificial insemination (AI) on all cows except the "maiden heifers" (cows between 18 and 24 months who are calving for the first time) who conceive naturally with bulls. This allows them to coordinate calving and milking such that they continue to milk each day of the year.

They operate a fully computerised 50 unit rotary dairy. In addition to fresh pastures, they provide fodder for the cows and calves in the form of hay and silage. There are 100 acres (40ha) of irrigated land using bore water, where the irrigation is fully automated and operates from October to March. He pointed out that the five family members do the vast majority of the work on the farm which is well equipped with harvesters, excavators, bobcats, etc. "*Dad likes his toys*". They do most of the maintenance and service of the equipment themselves.

When milking, the family work in teams of two. They work a roster system which means that they are able to have every second weekend free. They are involved in various sports in the community four nights a week – he plays football and basketball; she has recently stopped playing netball, being pregnant with their first child. The two women in the family share the milking with their partners and are also responsible for the office and paperwork.

Harvest time, from October to December, is the busiest period for them. This also includes one of the calving times. They work 80-100 hours a week during that period. During the three calving periods, which include March-April and June-July, an extra person is required in the milking sheds to handle the calves. Outside those times the work can get down to 40 hours a week or less so "*it could balance out*".

### ***Positive aspects of farming***

When asked about what they like about working on the farm, he responded that "*I like being outdoors. I like being my own boss and working with people you know and trust.*" She also indicated that "*It's just the lifestyle.*" They contrasted their off-farm

interests with most others in the workshops they'd attended who were older and had few other interests outside farming. His parents have a beach house about 20 minutes away and they go down there to surf. Their involvement with the various sports is also a link to their community. They also enjoy where they live, and consider their local area to be *"blue chip because of the rainfall"*. It is *"beautiful and green"* and as a result of the rain patterns, *"you know that next year's going to be okay"* in contrast with other regions that have suffered from the years of drought.

### ***Safety concerns***

The safety issues they identified as being particularly relevant to dairying include the wet floors in the dairy where slips are possible. They wear appropriate footwear and have rubber mats in the dairy. Common to other forms of farming are the various types of machinery and moving parts. His mother has done a safety course and has an on-going interest in safety. She *"has done a good job setting up the paperwork."* There are safety messages next to the appropriate safety equipment and the protective clothing and masks, etc are stored near chemicals and other dangerous equipment. *"You have to sign off."* The wife also noted the danger for pregnant women of exposure to the prostaglandin which is used to bring all the cows into season at the same time for artificial insemination.

The use of machinery and new technologies in the industry were seen to be providing both positive and negative impacts on the health of dairy farmers. The increased mechanisation meant that the manual work was reduced and there was less chance of back injuries and back pain. However, one of the big issues that came out of the workshops they had attended was that the other dairy farmers were not getting enough physical exercise. This surprised many of them. As they both maintain an interest in sports activities it was not an issue for this couple, but it confirmed the importance of continuing their sports activities.

### ***External factors that impact on health***

The main factor they felt impacted on the dairy industry was milk prices. Currently the milk prices they are receiving have dropped markedly, while their input costs remain the same, and they have had to lay off staff. This means that the family must do more work and take less time off or have shorter holidays. The financial situation has resulted in more stress and mental strain.

### ***Experience of SFF***

This couple were the youngest to attend their workshops but they felt the workshops were *"all good for us...we thought we'd do it right from the start."* He pointed to the value of the individual health assessment:

*"I suppose I'm the same as other farmers. I don't go to the doctor – just strap it up. A lot [of farmers] hadn't been for 10 years. I never had a health check before."*

The husband lost 8 kilos after the first workshop, through changes in their diet which they attributed to what they learnt in the supermarket tour. She commented that *“it opened my eyes. I changed about a ¼ of the food I buy.”* She now checks for low GI foods such as pasta and for sodium levels; she has started making her own bread and they eat a lot of their own produce—from the vegetable garden, eggs from their chooks, meat and milk.

The more challenging target they set at the workshop was the wearing of helmets. He pointed out that they often only travel short distances so the helmets may be left behind. They have bikes with roll-over protection systems in line with legal requirements.

This couple felt that the workshops had been planned well, being held in between milking times (even though some people had to leave half an hour early). The workshops were held in February which was a good time of year for the dairy industry. They also felt the split gender sessions were great and found the sessions about stress, depression and cancer very interesting. They found the opportunity to compare stories and learn from other farmers was very useful.

After the workshops they felt good about themselves and their farm set up. The workshops gave them *“peace of mind”* that their farm was well set up and *“made you feel confident that you’re on the right track.”* She commented that *“[his] parents have been through everything and they encourage things like that.”* His parents saw the workshop as an example of this young couple using their initiative, of *“stepping up to the mark”* so that they can feel more confident about retiring and letting the younger family members take over the running of the farm.

Their suggestions with regard to improvements to the workshops related to promotion. They had only heard about them by chance and understood the difficulty of getting the information in front of the farmers who would benefit the most from the workshops. They have been recommending the workshops at every opportunity but they felt that word-of-mouth might not be enough. They thought such workshops might be best targeted through farmers’ discussion groups or perhaps flyers could be included with monthly statements from the milk companies like Murray-Goulburn Milk that farmers are sure to read.

## Grazing (sheep), Avoca

### ***The family and the farm***

This couple have a predominantly sheep farming operation in the Pyrenees region of central west Victoria. They purchased a neighbouring property 4 years ago which coincided with their son completing a farm apprenticeship and returning home to work on the property. As it now stands, this farm is large by the standards in the area. They have gradually increased the amount of cropping that they do, which provides grain and hay for the sheep and lambs, with any surplus being sold. The three main income activities are wool, self-replacing first cross sheep and prime lamb. They use direct drill cropping methods and employ contractors to do the shearing and crop harvesting. They went so far as to reorganise the shearing to attend the workshops. They consider they have a good balance with sheep providing both wool and meat, and feel that growing their own fodder means there is less change of introducing weeds onto the property.

### ***The year***

The busiest times are during shearing and lambing. In between they try to make pasture improvements and provide supplementary feed. The best time for pasture improvements is springtime as it needs to be done when there are suitable rains. Supplementary feeding is more likely to be required during summer.

### ***Positive and negative aspects of farming***

Asked what they like about farming, they mentioned working outside, that there was a lot of variety and *"you are your own boss"*. This last comment was qualified by the observation that being your own boss *"demands discipline."* The husband pointed out that *"being your own boss gives you some sort of job security"* which many people in the city don't have. *"On the other hand you can leave the problems at work, but there's always something to do here."* This was expanded further when discussing the difficulties of being healthy as *"you can get stressed out because you've got ½ a dozen jobs to do and then the weather changes..."* This can lead to poor decisions, *"because you make them yourself."* Two other factors could make it difficult to be healthy: firstly, *"information overload"* with constant changes to requirements, regulations, chemicals, etc; and secondly, this can lead to a sense of a loss of control as it means giving more responsibility to other people.

This couple compared living in the area with living in the city. They are only 45 minutes from Ballarat so they have a regional city close by, but do not have many of the problems they hear about that occur in the city. The area has a moderate climate so they don't experience the extremes of hot or cold or windy weather.

Factors that make it easier to be healthy for this farming couple include being able to come home for lunch instead of eating takeaway food (especially for the men). The husband also pointed out that working with other people can be stressful and they

don't have to deal with that. It is easier to be physically active and much of the time you are in the fresh air, (this farmer has a pushbike he rides to the shed if he's not carrying anything); and not having to deal with fumes, etc to the same degree as in the city.

### **Safety concerns**

Whilst there may not be many safety issues specific to sheep farming, these were generally seen to arise from *"working on your own"*. After attending a chainsaw course, the husband had become aware that *"not doing something increases the risk [of an accident]; if you're rushing, it increases the risk; the conditions and distractions all increase the risk."* If someone is injured *"when you're on your own, there's no-one to tell about the problem."* For the wife, who has a nursing background, safety was the *"real take home message"* from the workshop.

*"We learnt that fatalities were the tip of the iceberg. What you don't hear about are all the serious injuries that lead to hospitalisations and out-patients. And there are also all the near-misses that could have been possible fatalities."*

### **External factors that impact on health**

For this farming couple the external factors to be considered are those that are imposed on them by other people. They also differentiated between such factors as natural weather conditions, including drought, and those that are imposed by other people, through regulations and restrictions: *"they have a stinging effect that drought doesn't."* One example was animal health issues, such as the issue of mulesing, where it was felt others are imposing their ideas.

### **Experience of the workshops**

With regard to the workshops, this couple felt the information presented *"was brilliant, we were really impressed."* For the wife, who has a nursing background and has maintained an interest in health and fitness, the information on body mass index and targeted heart rates was both very current and easy to understand.

*"It made people aware of heart risks or helped them to face their fears if they had any, so they won't put them off. They could make a more informed decision."*

*"They were extremely wonderful people running it; so interested in it. A lot of humour too, which was helpful."*

Their main concern was with the aspects of the workshops where people had to work in groups where, for example, they were asked to work together to pick out three main issues. The wife felt that *"the conversation was fairly stifled... it didn't produce what they wanted."* She felt that many of the older farmers are not used to this type of collaboration. However, the second workshop was better because people had got to know one another.

It was difficult for this couple to do anything differently after the workshop as they started shearing and their busy season began straight after. They didn't need to lose

weight but the husband *“failed on his stretching exercises”*. However, the reminders about the value of annual checkups were worthwhile and some of their shearers were *“pretty impressed and wanted to do something similar”*. The wife also thinks that *“the website is terrific; you can keep up to date if you want to make use of it.”* Overall, this couple saw themselves and their farm business as generally healthy.

Their suggestions for the program concerned the need to reach a younger generation; *“What you do today, you won’t see the impact for 20 years”*. They suggested that the subjects to be covered could be specifically targeted to that age group and that the workshops would be best kept to half days: *“Not sitting round but getting the information.”* Such a targeted workshop could then cover things like the social impact of drinking.



## Farmers' health status

The SFF program is a research study designed to track changes in the health of the farming participants over a three year period. In the first year of workshops a total of 964 farmers attended and were individually assessed against a range of physical health measures as well as asked to report on lifestyle factors. Overall figures for the first year cohort indicate general poor health amongst farming men and women. At this stage, the data collected in the second year of workshops is not yet available. When it is, it will be combined with the qualitative data collected about farmers' reported lifestyle changes and experiences of improved health to establish what the impact of the program has been on farmer health.

### *Baseline data, 2007-08*

The baseline data collected across the first year SFF workshops (mid-2007 – mid 2008) was collated and analysed by WDHS and their research partners. All figures quoted below are taken from an unpublished summary document provided specifically for this report (Brumby et al., 2009a).

A total of 964 farmers attended the SFF workshops in the first year; more men (55%) than women (45%)<sup>6</sup>. The average age of participants was 49.7 (SD=11.3) years. One third (1/3) of the population is younger than 45 years. 42% of participants have Health Care Cards. Almost all participants speak English as a main language (97%) and were born in Australia (94%).

The majority of the workshop attendees (70%) were referred for additional medical attention after the workshop. Most of these referrals were for diabetes (24%) and cardiovascular disease (17%).

Obesity and adiposity associated diseases are highly prevalent amongst the farmers. Body mass index calculations show 45% are overweight, and 24% are obese. One third (33%) of the farmers are in the category of impaired glucose tolerance (IGT) (their 10 hour Fasting Blood Glucose level was  $\geq 5.5$ mmol/L), indicating diabetes or pre-diabetes. 37% of the participants recorded above normal blood pressure readings.

Approximately one third (36%) of the SFF participants recorded complaints about moderate/severe/very severe body pain in the 4 weeks prior to the workshop, and 43% (417) indicated that health interfered with their normal work activities. 43% of

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<sup>6</sup> Not all calculations are based on the total population; for example, some of the measurements from pregnant participants were not included, or participants did not have some measurements taken. Where relevant the total figures used are noted in Table 10.

the farm men and women also complained of unsatisfactory hearing in one ear or both.

Alcohol consumption amongst the group is high (84%). Of those who consume alcohol, 54% drink at high risk levels (more than 6 standard drinks in one occasion (males) and more than 4 standard drinks (females)) at least monthly. The prevalence of smoking is low; only 8% of the farmers stated that they smoke.

Almost one fifth of the farmers (17.5%, 169) had incurred 193 farm injuries in the 12 months prior to their involvement in the program, the majority of which were animal related.

The following two tables (Table 10, Table 11) provide the detailed data against each of the key physical health measures used in the individual assessments.

**Table 10. Physical Health Measures, SFF Program Participants, Baseline Data 2008**

Variable		Number	% of total
Referrals (n=963)	Referred	671	70%
	No referral	292	30%
Reason for referrals (n=963)	Diabetes	231	24%
	Cardiovascular	168	17%
	Respiratory	80	8%
Smoking (n=962)	Yes	75	8%
	No	887	92%
Consumption of alcohol (n=963)	Yes	810	84%
	No	153	16%
	Habit of high risk consumption at least monthly	435	54%
Body pain in the last four weeks (n=954)	No	201	21%
	Mild	408	43%
	Moderate	292	30%
	Severe/Very severe	53	6%
Hearing (n=962)	Satisfactory	558	58%
	Not satisfactory	404	42%
Health interfering work condition (past 4wks) (n=962)	Yes	417	43%
	No	545	57%
Obesity prevalence (Body Mass Index) (n=962)	Obese $\geq 30$	231	24%
	Overweight $\geq 25-29.9$	430	45%
	Overweight or Obese	661	69%
Impaired Fasting Glucose (10hour fast) prevalence (Fasting Blood Glucose $\geq 5.5$ mmol/L)		312	33%

Raised cholesterol (10hour fast) prevalence ( $\geq 5.5$ mmol/L)	150	16%
Abdominal adiposity (fat) (High waist circumference; Men $\geq 102$ cm, Women $\geq 88$ cm)	382	40%
Hypertension (Blood Pressure $\geq 140/90$ Hg mm)	355	37%

**Table 11. Physical health measures – Mean values and distribution, SFF program participants, Baseline data 2008**

Variables		Mean	Min-Max	95% Confidence Interval
Body Mass Index (Kg/m <sup>2</sup> )	Male	27.57	16.66-45.40	27.22-27.92
	Female	27.11	15.09-51.11	26.62-27.60
Waist Circumference (cm)	Male	99.21	69.00-142	98.25-100.17
	Female	88.74	63.00-134	87.56-89.91
Fasting Blood Glucose (mmol/L)	Male	5.30	3.1-8.8	5.23-5.37
	Female	5.27	2.4-10.3	5.17-5.36
Fasting Blood Cholesterol (mmol/L)	Male	4.68	3.00-8.40	4.60-4.77
	Female	4.65	3.00-7.67	4.54-4.75
Systolic Blood Pressure (Hg mm)	Male	131.28	80-190	129.63-132.94
	Female	125.65	98-210	123.78-127.52
Diastolic Blood Pressure (Hg mm)	Male	81.15	55-120	80.06-82.24
	Female	76.87	50-120	75.71-78.02

## *One year follow-up data, 2008-09*

Data collected from participants who attended their second workshop, during 2008-09, is currently being collated and analysed. When available it will be included and discussed in this report.

## Program Staff Perspectives

Local health professionals, WDHS health professionals and DPI facilitators commented on what was working well and what they thought needed improvement in the SFF workshops, as well as recounting the change they have seen the program create in farming participants.

## *Local Health professionals*

Eighteen health professionals, from eighteen different health agencies that have been involved in delivering SFF workshops across Victoria, were interviewed by telephone by Roberts Evaluation staff from 8<sup>th</sup> – 22<sup>nd</sup> July 2009. Twelve of these were Community Health or District nurses, four were Community Health Managers or Coordinators, one was a Nursing Supervisor, and one was the Director of a Primary Care Partnership.

### **Organisational capacity in health promotion**

Six interviewees worked primarily in health promotion, three divided their work evenly between clinical and health promotion activities, five worked mainly in clinical practice, three combined health promotion and clinical work with management and/or administration, and one allocated all their time to management and administration.

Of those who identified themselves as allocating some or all of their time to health promotion work in their clinics, the types of activities included:

- Sexual and reproductive health promotion and screening, including Breast screening, PAP tests, HPV vaccinations (14)
- Programs for diabetes and living with chronic diseases such as cancer (6)
- Heart health programs including physical fitness, stroke prevention, including Tai chi, pilates, walking, strength training, falls prevention (12)
- Healthy lifestyle programs such as Sustainable farm families, nutrition education (12)
- Mental Health programs, social connectedness, stress management (11)
- Smoking 'Quit' campaign, alcohol and drug prevention (3)
- Health checks, including hearing, blood pressure (5)
- In school and health education – sex education, farm safety, Sunsmart (6)

Health promotion is a required aspect of the general health funding provided by State Government. At the same time, various grants can also be accessed for specific programs such as SFF; anti-cancer programs such as SunSmart, and Breastscreen.

The number of staff involved in health promotion in the agencies interviewed varies greatly depending on the organisation; from less than 2 full time equivalents to 20 part time staff. In many cases, health promotion is often included within community events, such as field days and school programs, and often delivered by working with partners (such as DPI and VFF).

## Involvement in SFF

The interviewees had varying level of expertise with the SFF program. Eight of the interviewees had worked so far with one SFF workshop group, two had delivered three, four had delivered four, one person had worked with 5 groups of farmers, another with six groups, and two interviewees had delivered to seven SFF groups.

The involvement of health officials in recruitment for the workshops varied with some being actively involved in the recruitment and in some cases, expressing disappointment with industry partners who failed to recruit effectively. For example:

*“Working with the industry partner was good in theory, but unless they had been involved in the program, it didn't work. They gave us the initial contact and I phoned the farmers myself. It only worked by calling farmers ourselves, this was the best way it worked.”*

*“The industry partner had a different idea of their commitment, even though it seemed straight-forward to us. The industry partner was supposed to do the recruiting, however they didn't start recruiting in January when they were needed to. When we contacted the industry partner to ask, they said the dates didn't suit them as they were too busy. So we took it upon ourselves to recruit for ourselves. Hence, we are not having them as our industry partner next time around.”*

In other cases, the industry partners recruited well, with the health professionals only required to show up and deliver the workshop presentations:

*“The industry partner helped with recruiting, I just show up to facilitate. I facilitated with someone from the local health service running the program, plus someone from WDHS.”*

## What has worked well in SFF workshops

The most common response from the health professionals (13 comments) was that the **group learning and social aspects** of the SFF workshops had worked well, in two main ways. Firstly, that the workshops used different group activities as part of the workshop processes, that supported learning and engagement for participants: *“The table top discussions make them think about what we're talking about and make them talk, so I think that's successful.”* Secondly, the social aspects of promoting group cohesion and familiarity beyond the workshops: *“My group wanted to keep getting together because they valued the friendship they had formed in those groups.”* These processes made the environment less formal and easier to engage the participants, *“people feel they can raise personal and family health issues.”*

The health professionals were confident in the **quality of the workshop content**; that the information they were presenting was well researched, up-to-date and relevant to farmers (8 comments):

*“The workshops are not about farming but about farmers' health. So we're not trying to tell any farmers how to farm, because you'd lose them immediately.”*

This aspect was supported by the workshops being delivered by **local presenters**; people who *“live in the community. That helped build a rapport. It means you are not seen as an outsider so much.”* One respondent pointed to the value of having a local facilitator from the DPI: *“He knew what they were doing there more because he was local, you could see a real difference between the two.”* Another respondent pointed to the need to have presenters who have some knowledge of the topics to be able to answer questions effectively.

Six health professionals commented on the **structure of the workshops**, and the variety in the schedule; for example:

*“I think the WDHS has structured the workshops well - with the table group discussions, the dynamics, the PowerPoint, the different ways we present; some have got videos, well all are Powerpoint, but we break it up - so the dynamics of the way it's been put together.”*

Six also commented on the value of the **individual health assessments**; particularly that they provide participants with something to measure from and monitor their progress: *“people like working with a figure, so they're given a figure.”* They were also seen as playing an important role in connecting participants personally with the information provided in the presentations.

Five professionals commented that the **venues** for their workshops had been good, and that this had provided convenience for busy farmers and a comfortable atmosphere. Making a point of getting out of the venues at some point during the workshops, for fresh air and a change of energy or for activities such as the supermarket tour, also helped.

While it was not a unanimous experience, three respondents felt that the **partnerships with other organisations**; WDHS, DPI or the various industry groups had worked well, particularly in relation to the facilitation of the actual workshops and recruitment for them. With regard to recruitment it was noted that this is best done by industry representatives, as they are *“respected - the promotion of a farming program (even though it's health, it's a farm program) from farmers, carries more weight than it would coming from nurses.”*

The training and administrative **support provided by WDHS** staff was seen to be important to two respondents, *“so we can worry about the nursing side of it instead of worrying about all the admin.”* The experience of WDHS presenters was also invaluable: *“it was a big advantage to have the Western District mentors to work with us.”*

One respondent recognised the value of the **visit to the supermarket** *“Things like label reading, and pointing out the better choices of food.”* This reflected many responses of the farming couples who attended the workshops.



## Suggested improvements for the SFF workshops

The main concerns and areas for improvement identified by the health professionals included: administration, coordination with WDHS and DPI staff, paperwork for participants, the strict control of the workshop content by WDHS, and the difficulty of recruiting and retaining farmers. They made a number of creative suggestions for continuing the program. Eight health professionals reiterated their support for the program; its quality, the support received from WDHS presenters, and the importance of it continuing: *“I think it's a fantastic program. It's a bit of a Rolls Royce - it's the pinnacle of what everyone would like to do.”*

Nine of the health professionals interviewed spoke about the level of **administration and management of content** involved in the workshops. For example:

*“I have just done my report, getting all the medical files together was huge, it meant I often did it after hours. I think if I had another colleague it might have helped to share the workload.”*

Some had issues with accessing current paperwork, such as up to date versions of powerpoint slides, or forms for participants, but noted that this was overcome *“By the second [workshop] they had all the forms on the WDHS website, which made it much more easily accessible.”* Three respondents were concerned that the videos and some of the information used in the presentations were out of date, although one respondent did understand that WDHS sought out new material when they became aware of this issue.

Two respondents suggested that there needed to be better **communication with WDHS and DPI staff** prior to the workshops, including that time needed to be set aside at a reasonable time on the day before the workshop to give presenters time to practice using the equipment and to get to know how each other operates.

Seven respondents felt that there was too much **paperwork** for the workshop participants to complete. This was identified by two respondents as an impediment to recruitment, even when they explain it is part of a research project. Another respondent pointed out that, *“they never got any feedback on any of that [the paperwork completed by participants]- no one ever heard anything back on what it all meant.”*

Six health professionals were concerned by the **control of the workshop content**. They commented that the program did not allow presenters to incorporate their own expertise as *“the course is run exactly as [WDHS] say – there's no room for local manoeuvring and expertise.”* This perception led to some of the respondents believing the needs of the local community and the expertise available locally was being ignored. Some also noted to the difficulties they had presenting a program developed by others:

*“We felt it was very hard to present a program that someone else had set up, and I'm not knocking the program, it's a brilliant program, but it's just hard to present when it's not yours.”*

This was coupled with an understanding of the fact that WDHS wanted to ensure a quality across the workshops, and that it was valuable to have all the material prepared: *“for a lot of community health workers, it was good to be able to present something that was structured, we only had to present it, and didn't have to write it.”*

Seven health professionals commented on the difficulty of **recruiting and retaining participants**, which was related to a number of factors. They found it difficult attracting people to the workshops due to the time commitment involved. While they understood the value of the two days for building rapport and group cohesion, they found that *“the farmers do find it really hard to give up two days together”*. Other problems with recruitment related to the industry partner not fulfilling their role, or not being well respected in the community. One health professional discussed the difficulty of retaining participants for the duration of the program *“it was difficult to get them back... My people were starting to pull out of the third year left right and centre.”*

The drop off rate was a concern for four respondents. Despite the participants generally accepting the importance of the workshops, *“People seem to be too busy - and it's never the right time - I can't come then, that's no good, because of that, too cold, too wet, too dry and the kids....”* *“Getting them back in the second year is not as easy, and it wasn't that they didn't want to come.”*

Suggestions for addressing recruitment and retention issues included trialling evening sessions and staggering the first day of the workshop when the health checks are being undertaken. Two respondents made reference to the importance of using farmers to assist the recruitment process: *“using farm ambassadors - getting people who've been to the workshop going to talk to other farmers - it's just much more powerful.”* These kinds of ambassadors were also seen as important for gaining the support of industry groups:

*“We really struggle to explain what's in it for the industry group; because what is in it for them? We know that it has benefits for the farmers, but why would they put the effort in? Because they have got 25 of their members who are going to say why should we do this, what's the benefit of this?”*

Referring to the effectiveness of having farmers recruit for the program, one respondent suggested that *“DPI could play more of a role in recruitment... by having someone who's a farmer say: ‘Hey guys, there's this fantastic program.’”* One respondent suggested that various components of the program, such as on diabetes, could be delivered as evening events. These may act as a way of marketing the complete program:

*“It's more limited value to do just one event than to do a whole workshop program, and it's good to have your highly educated core. But whether SFF could also have some of those smaller events to reach a wider number, or it could even be done as a bit of taster for the main program.”*

One respondent suggested that the program might benefit from being decentralised from WDHS using *“a small amount of mentoring teams.”* They suggested the program might benefit from supporting regional coordinators and using the combination of mentors from both DPI and the health services.

Four health professionals made suggestions regarding the **structure of the workshops**; two that they thought some of the sessions were repetitive for the farmers:

*"I really think that's something that SFF needs to cut down - every five minutes they are discussing what we've just covered and then reporting back. As a participant, I don't think you need that."*

*"For us it actually got a bit embarrassing, because you're underestimating people's intelligence if you're going through things that much."*

One respondent felt that the presentations on diabetes should be moved to the first workshop. Another suggested that participants could be given the opportunity to have a further health assessment in the fourth year.

One health professional was concerned that they had not attracted the farmers who really lack knowledge or are particularly unhealthy:

*"That's the sad part in these sorts of programs, it's often the ones who know a bit and want to know more that come, and you miss the ones who don't know much."*

Seven aired concerns about finding **sources of funding** to continue and extend the program, particularly for health agencies where the program is not considered part of the core business. One respondent referred to changes in the reporting requirements from the Department of Human Services (for Primary Care Partnerships), and wanted support from WDHS on how to incorporate a funding proposal for SFF into their new integrated health promotion plan. One respondent suggested that the program would be best integrated into the DHS health promotion budget, using a model such as WorkSafe. Two respondents suggested that funding for the program should be extended to people in other rural industries: *"I think they should roll it out to other farming industries - that impact on our region - flour mills, truck drivers."*

### **Observed changes in SFF participants**

While not all the health professionals could describe concrete changes in participants, most (13) could detect increased **knowledge and awareness** in their groups.

*"A lot of them, even if they hadn't made lifestyle changes they were at least aware of it, it was their increase in knowledge and acceptance that it was something they could do something about."*

Some of the respondents recognised that the groups may have included a proportion of those who were already health conscious. However they felt that participants still learnt a lot from the content, for example:

*"It's that they realise that they maybe didn't know as much as they thought they knew, and that there's always more to know, and...they're more aware of the need to question. So when they go to the GP and he says "your cholesterol's up" they*

*can say "What's up, how much, what do you mean, we know there's good cholesterol and bad cholesterol - tell me more.""*

Some also observed that the increased knowledge had brought with it a changed outlook: *"There's a big change in their mood, they're a lot happier, they are very goal directed, more in control of the farm and in control of their health."*

Eight health professionals discussed seeing farmers **making progress towards their goals**. Participants weren't always succeeding in their plans, *"but certainly some participants were quite keen to talk about their health and their action plans"*. The health professionals were aware that for many farmers there were often external circumstances that had prevented them implementing their action plans even when they had gained the relevant knowledge and experience: *"As far as exercise and plans, there is a lot of stress on them; they are in drought, feeling down."* One respondent felt that people had been unable to sustain changes they'd made after the first workshop; another found that participants could see the benefits of these plans after the second workshop.

Ten health professionals noted that they had observed **changes in participants' physical health indicators**. Weight loss was the most obvious indicator but the second year health assessments also showed improvements in blood pressure and cholesterol levels and in their ability to sustain exercise. Ten also described instances where farmers were making **lifestyle changes**; mainly related to the families having holidays, more leisure and family time, which farmers had reported leading to improved relationships.

Four health professionals had participants who enthusiastically reported that they were making **dietary changes**:

*"I've often had a person pull me up in my own private time - they're that excited, that they'll see me in the supermarket and they'll say '[], [], come and look at my groceries, I read the label, and this has this much fat in it" and so on. This is how what we're teaching them is being applied on a daily basis."*

*"They were very happy to report back on the changes they were making – 'I'm not eating out of the Bain Marie at the local roadhouse!', Or saying 'I haven't had a pie for so long'".*

Four respondents pointed to participants making the effort to start visiting their GP for **regular screening**. Other preventative action included a Landcare group organising for their members to have scans for moles and looking for a mental health first aid course.

Respondents (6) picked up that some participants had taken action to implement **safety practices**. This was often supported by a change of attitude towards safety, *"being aware that you are not a wimp to do things in the safest way."*

Seven respondents could detect positive changes in the **group dynamic** and the level of trust they received from the farmers:

*"I think the first year was fairly confronting. I think it was the first time a lot of people had had such a thorough assessment done. There were people in the first year that were a bit resistant."*

*"The first year we're all a bit in the dark, about what it's going to be, and from then on everyone relaxes. I think we trust the process and the farmers trust us, and that makes it work."*

### **How the SFF program has created change in farmers**

The local health professionals generally suggested that the contributions to the participants' health and wellbeing were indirect; mainly referring to the increased knowledge participants had gained that would then lead to more informed choices (12 comments).

*"Knowledge is power. I think it is really well designed, they have the measurements, we then talk to them about BMI, genetic health issues, other illnesses that show up in their family tree, we equip them to talk about their health issues."*

*"It was thought provoking - it identified areas of thought which then lead to planning and perhaps highlighted to the participants that they are their own human resources; they're their workforce."*

The other aspects they thought created change in the participants were the follow-up, the encouraging style of presentation, and the way that the program links personal health, farm safety and the farm business.

Four respondents pointed to the value of the manuals and the various methods used to follow up the workshops,

*"The manual is really well put together, so they've got that to refer to, and they are great resources. The content of the program encourages, updates, or gives them new knowledge, and they can back that up with the manual... the fact that someone's keeping a bit of an eye on them for those twelve months, two years, encourages them."*

The health professionals felt that the program was presented in a way that the participants would feel capable of implementing change:

*"Their knowledge increases and they see it... they see that it is possible to implement, and also that no change is too small. Because I think you can give people too much information and they get so overwhelmed, and feel that they can't even begin."*

Four respondents highlighted the way that the workshops had contributed to farmers understanding the importance of their health in their businesses, as one expressed:

*"I think occupational health and safety often sits in the too hard basket, and [the workshop has] helped them to be a bit more proactive...occupation health and safety is concrete, and an obvious part of the farming operation. But they are saying they see now that health is part of bottom line."*

## Factors that impact on farmers' health

**Drought** was mentioned by almost all respondents (14) as having an impact on farmers' health due to the financial and mental stresses it can lead to:

*"Drought impacts their mental health; many indicated they were quite stressed."*

*"Drought impacts on the entire community - if it affects farming returns, it affects small businesses throughout the town - they don't need added farming supplies because they're not actively farming that year; there's a flow on effect."*

The impact of the prolonged drought, which has lasted over 12 years in some areas, is complicated by consideration of the impact of climate change. In particular, farmers are dealing with greater uncertainty about their climatic conditions.

*"There's a real discussion amongst farmers is this drought or is it climate change? People still expect it to break, but there's also a feeling of "ooh what will we do if it doesn't?" So they don't know what is going to happen in the next five to ten years."*

The impact of **decline in rural populations** was understood to be affecting farmers' health in two ways (12 comments). One was through the loss of services in the local areas, particularly the availability of health care services: *"there is a six week wait to get to the doctors at the moment which is a problem"*. The other is the reduced opportunities farmers have for social activities. The solitary nature of many farming operations is being exacerbated by the decreasing number of farmers. There are fewer opportunities for farmers to socialise, which has impacts on both physical and mental health:

*"It's reducing their activities - such as sporting activities which impacts on health, and eventually leads to the chronic diseases."*

*"With no social networks, they start to hibernate in their farms, not wanting to ask for help, and they've started to withdraw their coping mechanisms, so they're not discussing their feelings with friends."*

The health professionals observed that **financial and economic factors** such as poor commodity prices, and the 'global financial crisis' not only add to the mental stresses and thus physical health of farmers (*"You see an awful lot of heart problems from financial stress"*); they may also impact on decisions about going to a doctor or taking preventative measures (11 comments).

Some of the health professionals noted that the workshops had highlighted the difficulties farmers have finding time for themselves and taking time off. Another factor identified was the difficulty of accessing fresh food without travelling long distances whilst another pointed to the ongoing exposure to the sun, various chemicals and firearms. One respondent specifically commented on the burden carried by women on farms:

*"The women simply take the brunt of it all. They are supporting everybody, and the kids, and the farming business is often the two people. So that's a big issue."*

## Whether SFF could address the external factors identified

Most of the health professionals interviewed (14) felt that the program already does address some of the factors, in that it provides farmers with ways of coping with the stresses resulting from drought and economic conditions that are out of their control:

*“For sure - the program looks at a variety of topics - mental health is looking after your health and wellbeing, so that you can look after your business.”*

*“They are more likely to go for help now after the workshops. They now know where to seek help and ask for support, people now know they aren't alone in dealing with these issues.”*

*“The program isn't going to have any effect on the price of spuds - it would be more that it would have an effect on how they deal with it. I think it already does that.”*

Three respondents thought that there might be some opportunity to work more closely with the DPI to address some of the factors, such as farm finances and environmental issues:

*“If the DPI link is able to continue, it would be great to have more farm management and planning - the DPI could be a really strong leader assisting farmers with economics, climate change, change management.”*

Two further suggestions related to on-going contact and follow up from the workshops and providing the participants with information about the local service providers. One respondent thought it would be valuable

*“to look at the research possibilities - given that this program is a research program, whether some of the things that come up could be researched a bit more.”*

## Health professionals' ideal of a healthy farmer

The elements that composed the health professionals' descriptions of a healthy farmer were someone who:

- Balances work, family and social life (13 comments), including taking time away from the farm, having family time, healthy relationships and is comfortable with their lives.
- Someone whose physical health indicators are good (12) *“Somebody that has the physical assessment that shows they have things within the healthy range - so their weight, hearing, eyesight, all the things we measure for are within a healthy range, or they are working towards a healthy range”*
- Knows how to manage stress and is emotionally healthy (7): *“I'd be thinking of some of our farmers in some of the programs - who are managing stress, managing change in their farming career, because that's what they're going to have to do their whole lives”*
- Drinks moderately and doesn't smoke (6)
- Gets adequate exercise, physically fit (6)

- Is interested and informed about their physical and mental health, and has preventative health checks (4): *“a healthy farmer would be one who has some awareness of health issues, and who has the knowledge at his disposal to seek medical help for and know how to access help, particularly in rural areas, for getting help for physical, emotional and mental health.”*
- Free of or managing chronic illness/injuries (3)
- Active socially, able and willing to communicate (3): *“Somebody that has a broad social life, as a lot of them don't.”*
- Up-to-date with safety practices on their farm (2)

### **Whether SFF has impacted on health professionals' knowledge/skills in working with farmers**

Most of the health professionals interviewed (14) felt that through the SFF program they had come to a better understanding of issues specific to farmers, and of ways to approach farmers. One noted that working with the industry groups was valuable:

*“Working closely with industry partners - you do that with a lot of organisations for health promotion projects, but it's structured in SFF; if you take the time to plan and structure it and have that planning phase before you implement is so important.”*

Four of the health professionals did not feel that their involvement in SFF had impacted on their skills in working with farming men and women; two made specific mention of their farming background and two referred to their ongoing community health promotion roles.

### **Whether SFF has impacted on health professionals' skills in group work**

Almost half of the health professionals (8) were enthusiastic about how much the program had built their confidence and experience in working with groups.

*“Absolutely I was never a public speaker before, it taught me to public speak, now I just do it. We did a workshop training to learn the content, but as far as public speaking goes I was thrown in the deep end.”*

*“The table group discussion really does work well - we present something and then we stop and say “This was I want you to talk about; what we've just discussed.”*

Seven of the health professionals felt that they were already experienced in working with groups, and that their experience in SFF had not added to their skills. The remaining interviewees made comments reiterating the knowledge they had gained of the issues farmers face.



### **Whether local health agencies have made any changes in their work**

Ten of the health professionals interviewed stated that they had not changed the way their health agency works. Two respondents raised the issue of the funding that would be needed to change or to operate other programs like SFF. Another three said the program was simply a component of their existing health promotion work and had not created change in the way they operate.

Of the eight who described some change in the way they now conduct projects; Three health professionals stated that they had learnt about the planning and resources required to run projects, and the importance of setting aside administrative support so that health professionals can concentrate on working with the target audience, three were looking to continue to work with industry partners to deliver health promotion activities, and two felt that their organisation had become more relevant and connected to the farming community in their area, and so they would continue to try and engage this group.

### **Further contact with people involved in the workshops**

The contact between health professionals and farming participants has varied, and mostly been prompted or requested by the farmers themselves; calling up to ask questions, or through social relationships, although many of the health professionals noted that they stay in contact with the farmers through the mandated follow-up points in the program, or are generally well connected with their communities.

Four health professionals noted that they have stayed in contact with the DPI facilitators; one said *"We'd really had nothing to do with DPI before, and they're very valuable in rural areas, so that's been good."* Four also said that they have remained connected with their industry partner, and in one case this had led to other activities:

*"We sure have, our industry group are VFF we have continued and strengthened relationships through them - and we've also had spin offs and done health promotion talks, and that's been another way that we've promoted our service in the community."*

## *WDHS Health professionals*

Three WDHS health professionals were interviewed by Roberts Evaluation by telephone from 5<sup>th</sup> August – 3<sup>rd</sup> September 2009.

All three work in community health programs and two are also involved with clinical work and management. One respondent is responsible for women's health; one for men's health and one for mental health programs. Two respondents spend at least 30% of their time on health promotion with clinical work taking up at least 60% and management 10-20%. The third respondent works exclusively on mental health promotion with 50% of their time currently being spent on SFF activities. Each respondent runs groups and school programs in their specialised areas including sexual and reproductive health; puberty education; menopause; screening and preventative health; prostate cancer case management; Worksafe, and work health.

### **Involvement in SFF**

WDHS staff interviewed have been involved in the SFF program for between 2 and 6 years, and in this time have assisted in the delivery of up to 200 workshops. One of the staff estimated that they are involved in presenting 20 to 25 workshops a year.

### **What is working well in SFF workshops**

Four aspects were identified:

- The information that is provided is in *“good and clear, easy language”* with *“excellent manuals for them to refer to.”*
- The *“informal and accessible”* delivery of the information: *“Just the atmosphere of the program; it's nice and relaxed, we're not sitting them down in the classroom, it's a good environment.”*
- The use of the individual physical assessments as a way of *“helping them understand their health and connection to other aspects of their life.”*
- An approach that *“empower[s] them to take control”*

### **Suggestions for improvement**

The two respondents who have been working on the program for at least five years recognised that there was a need to improve the communications with DPI and other health services: *“It's become more complicated with the expansion.”*

The third respondent mirrored comments from the local health professionals and some DPI staff who were concerned about the workshops' rigidity: *“The course could be let go a little bit, there could be more trust in the other nurses who have been trained in the program.”* This respondent suggested that a training and accreditation system, including refresher courses be used which would allow the nurses to *“draw on their professional experience.”*

After delivering close to 100 workshops, one respondent observed that all the travel had been a challenge, *“but they’re trying to address that at a local level.”* Another commented on the quality of presenters, and felt that it comes down to their passion: *“deliverers will get through but won’t do so well because the passion’s not there.”*

### **Changes observed in participants**

One of the main changes WDHS health professionals have observed in the many farmers they have seen was awareness of health and an increase in the priority given to it. Even when dramatic changes may not always be observed, the participants are known to be having health checks, reading food labels and taking greater interest in diet and nutrition. Much of this information has been gleaned through the ways various participants have become ambassadors for the program. One respondent was also aware of most farmers having made occupational health and safety changes.

### **How SFF has contributed to the changes observed in farmers**

The two aspects identified were that SFF creates change in farmer attitudes and priorities, and that the group focus enables ongoing peer support and changes. One respondent commented about a change in attitude with regard to health and wellbeing: *“I don’t think people actually valued their life but just valued what they could earn off the farm.”* This attitude change was supported by the information they had learnt and had available to them through the manual and the website. Another respondent suggested that *“it becomes a peer thing as well”* and they’re seeing changes to what is being served at the football club barbeques for example.

### **Other factors that impact on farmers’ health**

One respondent pointed out that *“every time farmers look out their window they’re seeing their work - which means they are always thinking about a job that needs to be done.”* This constant awareness of issues affecting their farming business *“leads to stress, depression, anxiety - stress also causes cardiovascular disease...”*

Each respondent mentioned both climate or environmental factors such as the drought; and economic factors such as commodity prices and the recession. *“When it’s drought, or some recession, they go into their shell and hibernate.”*

One other area likely to impact on participant’s health is that of that family. One respondent pointed out that family members with young children have less time for exercise, *“they’re just trying to just trying to make ends meet.”* Succession planning can also be an issue which, they suggest, can be addressed when different

generations come along to the workshops and start the dialogue about issues such as insurance and making contingency plans.

### **Whether SFF could address the factors identified**

WDHS staff felt that most of these factors are likely to increase stress levels and that the workshop deals with this aspect well. One respondent pointed out that the workshops could not address all external factors: *"We can't respond to everything that happens out there."* Reflecting on the value of introducing greater flexibility into the workshop program, two respondents suggested specific programs could be developed to address such factors.

### **Ideal healthy farmer**

WDHS health professionals' descriptions centered on an individual's attitude to health and well-being, rather than clinical measurements. This included *"taking control of own health and being proactive"*; *"aware of their stress triggers... and also knowing how to de-stress."* A health farmer *"puts themselves first; puts themselves before the farm and understands that if you're not healthy then you can't run the farm."* To do this they take include safety and self care in their business plans, and *"will know the delimitation between workplace and family etc."*

### **Whether SFF has built their own knowledge and skills in working with farmers**

Responses here related to a general confidence gained through practicing presentation skills and building up knowledge about farmers and how they respond best to the messages being delivered; as one staff member commented:

*"It's just a natural thing that comes over time - when I first started I was kind of lecturing, but then you learn to tone it down... I'd talk differently to farmers than I would to school kids, and so on."*

### **Whether SFF has built their skills in working with groups**

WDHS staff felt they had a better understanding of how to balance different groups and get the best out of them: *"I now comprehend that people learn in different ways."* Two respondents referred to improvements in time management and one to the need *"to remember that even though you're presenting something that you've done 50 times, that the people you're talking to haven't heard it before."*

### **Contact with others involved in the program**

Due to the pivotal role these respondents have had in the program, they have had ongoing contact with local health agencies about various projects:

*“Well you get to know them, so they might know that you run the mental health first aid courses and so they call you up and say ‘Can you get one running up here?’*

One respondent has more formal contact, sitting on the SFF advisory committee.

They could also each point to contact that they have had with participants in an unofficial capacity, for example: *“They often stop you in the supermarket – for a consultation in the grocery department – but that’s typically rural.”*

## *DPI facilitators*

Seven DPI facilitators who have been involved in SFF workshops were interviewed by telephone by Roberts Evaluation from 22<sup>nd</sup> – 31<sup>st</sup> July 2009. All facilitators had facilitated a number of workshops; four had facilitated 8 workshops (generally two workshops at the same location over two years), and the other three respondents had facilitated 12, 14, and 16 workshops respectively over the two years.

### **What has worked well in SFF workshops**

The DPI facilitators felt that the interaction of farmers, talking together in an informal environment had worked well in the workshops (commented on by five of the interviewees). They stated:

*“The farmer interaction is great; it enables them to give their experiences.”*

*“Getting the farmers talking together, their little focus groups are working well. Also, getting them to share their experiences is working well.”*

Three of the facilitators commented on the quality of the presentations and presenters; for example, that *“having the health professionals actually presenting the information gives it credibility”*, especially as the health professionals are known locally, and also on the value of having different speakers to break up the days. Related to this, three facilitators thought it was valuable to be collaborating with health professionals and local industry groups, as this was seen as a way of *“extending networks out to the community”* and of *“working with a different organisation, especially when we get the right industry groups that works well.”*

Other aspects identified as successful included:

- Action planning and reporting back on action planning by farmers
- The individual health assessments; “a real draw card”
- The use of advocates to recruit people to the workshops
- The involvement of farming couples
- The “gender bender sessions, the men learn about female health and women learn about male health. They encourage each other to get checkups.”

### **Suggestions for improving the SFF workshops**

Three facilitators thought that further training or support to improve the presentation skills of some of the health professionals (3 comments) would be valuable: *“Some of the nurses really feel quite ill at ease, some would actually just read off notes, or look at the board instead of looking at the farmers.”* One respondent commented on an experience where the debrief session had been used to make a suggestion to a presenter, but that this had not gone well, *“One of the*

*other facilitators tried to give feedback in a very positive, gentle way, but it didn't go well, everyone got really upset."*

Communication issues with WDHS were raised by three respondents, one suggesting they needed to have better communications and the other that they needed to consult with DPI about the timing of workshops and of DPI facilitators' availability:

*"Running workshops when it suits them restricts farmer participation, and us as facilitators - they don't check with us when we are available, which is not very professional."*

Another was concerned that some of their feedback had not been acted on, such as ways of making the PowerPoint slides easier to read.

Two respondents were concerned about the level of commitment some industry groups had shown to recruitment. One suggested that

*"It might work better if DPI was dealing with the industry groups rather than the health professionals; it is probably a DPI role to engage with the industry group and be the facilitator for that group."*

Other thoughts included:

- Reducing the amount of paperwork required.
- The need to change or update the program evaluation sheets to gather more useful information.
- The action planning process needs to be incorporated more into the program to be more effective.
- One respondent highlighted the problems experienced by dairy farmers because of the timing and format of the health check which coincides with milking times.

### **Changes observed in farmers**

All seven of the DPI facilitators reported seeing farmers achieve physical changes from year to year, through diet, weight loss and exercise. Five commented on lifestyle and wellbeing improvements, for example:

*"Even just their outward appearance changed, some of them in the first year looked like they have been run over by a bus. They have a holiday, they walk around the farm, they have changed their eating habits."*

Two facilitators commented on increased awareness, which was motivating farmers to make changes: *"Often they might not have achieved a huge change but are aware of the issues and are actively working towards making that change."* Two also commented on seeing farmers take ownership of their health and pursuing action plans: *"They have taken a little bit of control; we have seen changes like that."*

## **Opinion on *how*, or *what it is about* the SFF program that has created the changes observed in farmers**

Most responses from the facilitators indicated that the main contribution of the SFF program was in placing health, wellbeing and safety in the context of the farm and the farm business, which had created a shift in the attitudes and priority setting of farmers:

*“Now they make the focus on themselves instead of putting their animals and their farms first.”*

*“In the year 2 workshop, we really try to impress on them that the farmers' health, or the health of the people in the business is an important risk management that you've got to be aware of - so we're contexting why health stuff's really important.”*

Other comments related to the content covered in workshops, and the way that farmers had taken on board messages about mental health, safety, and life balance:

*“Depression, they could see how this impacts on their children. They see it in their neighbours and they are letting them know that their emotional stress is having an impact on their kids.”*

*“There is more of an awareness that with age you aren't as safe doing some things that you could have done a lot easier when they were younger. Safety is more important when you are older.”*

*“You hear 'I have taken more time for myself', or that farmers have taken a holiday.”*

## **Other factors that impact on farmers' health**

The DPI facilitators identified the following contextual factors that they see impacting on farmers' health:

- Drought and weather in general (4 comments): *“The drought, it makes everything else so insignificant you almost forget about it.”*
- Economic factors and the associated pressures (4): *“The downturn in economic and business times has meant that they are not allocating that time to do sporting activities”* and *“We've got bigger farms, the scale of operation is much greater, there's more pressure to manage staff.”*
- Working alone, heavy workloads (2). This was seen as related to spouses increasingly working off-farm, and also to the particular situation of buying neighbouring properties: *“when you do buy out the neighbour's farm and they leave, it is further isolating.”*
- Declining rural populations and reduced access to facilities (3), including:
  - Sporting facilities, people to fill sports teams
  - Access to health services, particularly specialists



- Small, close communities are very affected by “things like farm accidents and suicide” which may add to farmers’ own mental health problems.
- Ageing farming population: *“farmers are getting older, and there are health issues that come along as you get older.”*

### **Whether SFF could or should be addressing the external factors identified**

The facilitators suggested that the SFF program already addresses many of these factors indirectly (“They do already, that comes up really strongly in the evaluation”), but they also pointed to the need to reinforce the link between personal health and farm business success:

*“I think one of the issues is we see health as ‘out there’ and quite different to the business. And the thing is that the farming business is quite different - it's also about family, so we need to link how you are going as far as health, as well as business management.”*

Two respondents suggested that DPI staff giving presentations or delivering aspects of the program might help farmers to link health and safety with their business:

*“There is also an opportunity for us to talk farm safety.”*

*“A comment I heard is that we're seen just as facilitators, and that's all, that's our box. But we're also industry specialists and we can help out where some of these other issues [external factors] are bubbling up.”*

Two respondents thought that SFF should find ways to provide the information and experiences of the workshops to those who were unlikely to attend. One suggested using shorter workshops covering specific areas to attract such people:

*“These short workshops would act as a trigger to encourage participation - they see a little bit and it attracts people to participate further...and not just an overview of what the program is, but to actually give them a taste of what the program is aiming to achieve. Take them on a 'supermarket tour'.”*

### **Ideal healthy farmer**

The DPI facilitators expressed a multi-faceted ideal of farmer health, describing a healthy farmer as someone who would:

- Pay attention to social and relationship needs (5 comments): *“They would place value on time away from the farm and would spend time with the family.”*
- Be physically active (5). For example: *“They would probably be doing some sort of sport or physical activity. Whether it be golf, football, running, anything active.”*

- Have a financially healthy farm business (4): *“They would have a profitable farming enterprise, if they don't they are usually badly affected by that. If people's enterprise isn't profitable they are usually going downhill mentally.”*
- Be mentally strong and able to manage stress (3): *“They are managing stress, managing depression... and have the confidence to do that, the skills, the ability.”*
- Physically healthy according to standard indicators (3): *“A healthy farmer has good blood pressure, has good aerobic fitness and low cholesterol.”*
- Aware of their health needs and limitations (2) *“They would be very much aware and in tune with their bodies' physical demands, they wouldn't push through their sleep demands.”* *“They would have someone to look after the farm if they go on holidays or get sick, have back up support.”*
- Enjoys being a farmer (2)

Other responses included being free of chronic medical conditions, eating the right foods, aware of the safety issues they may face such as *“inhaling dust, working inside with animals”* and a person who has regular medical checkups.

### **Whether SFF has impacted on facilitators' knowledge/skills to work with farmers**

Five of the facilitators felt that their knowledge of health had improved, including stress, anxiety and depression, mental health indicators to look out for, and the importance of nutritious food. They felt that this added to their ability to work with farmers as 'whole people':

*“Rather than just one aspect of the farming, we are looking at the farmer not just the farm, previously it was just the farming aspect, not how the farmer is working, and his health.”*

*“It gives me more knowledge and insight in dealing with farmers, with regards to what is going on the farm.”*

Others felt that they had gained skills in presenting to and working with a range of different people and organisations.

### **Whether SFF has had any impact on the facilitators' groupwork skills**

As the facilitators are already experienced in working with groups, most of them commented on their existing knowledge and skill. Two felt the experiences had reinforced the knowledge they already had and had confirmed for them that their skills in working with groups were actually effective. One commented that this had become evident to them by observing other presenters with poor group work skills.

Two respondents felt they had benefited from the opportunity to test their skills, and to do so in a new context, stating: *“With facilitation the more you do it the better you get at it”*, and:

*"Whenever you get up and work with groups you learn something, and I do something different the next time. I think especially working with the different organisations - with the WDHS, the local health group, the farmers and DPI in making sure everyone's expectations are met."*

One respondent observed that they were able to help the health professionals build their expertise in working with groups, mainly by trying to support them to take risks and be creative in group activities:

*"I think that's maybe a health philosophy, that you've got to be right 100% of the time, which they probably have to be in their work, but if you do that in groups, it's a limiting thing, you lose more than you gain."*

### **Whether involvement in SFF has created any change in the way DPI facilitators work with farmers**

The facilitators all commented on their increased awareness of the importance of farmer health, which had translated into action in different ways. This ranged from feeling able to detect *"indicator signs for mental health issues"*, through to actually reminding the farmers to look after themselves every time they see them. Another respondent stated that the *"breadth of understanding of health issues"* that they have gained through the workshops has led them to take *"a holistic approach to a farm business"* which includes making references to potential health issues when discussing farm planning. It seems that for all facilitators, health issues are included as part of the general conversation with farmers.

One respondent has found that the farmers who did the program are more willing to discuss mental health issues, and two respondents believed that the program had helped to improve their communication with farmers: *"It has given me more confidence to ask how they are travelling, putting them in touch with services if they need it."* They also found that in discussing health they could provide anecdotes from the program to support the message they wanted to communicate.

As a way of advocating the program, one facilitator had become involved in writing articles for the media whilst another has organised health checks for farmers at a dairy conference. One respondent now carefully considered the type of food used for catering used for their own workshop, and another has become more aware of the safety implications of the messages they are delivering.

### **Whether the SFF program has had any impacts on DPI more broadly**

Overall the facilitators found it hard to measure the impact of the program on the DPI more broadly but it had clearly impacted on the teams that had been involved in facilitating the workshops. One respondent thought that a version of the workshop should be run for the DPI staff: *"DPI could run snapshots of workshops for us, so that facilitators and DPI staff are more aware of what is available for farmers and the problems facing farmers."*

The facilitators also pointed to the association that has been built up with health agencies: *“It is all about linking in. It is good that we have made linkages with WDHS.”*

However, one respondent cautioned that DPI did not have a particularly high profile through being involved with SFF, as their roles as facilitators are not necessarily connected with other DPI activities.

### **Further comments**

Reflecting some comments from health professionals, three facilitators referred to the rigid structure of the workshops and the intense focus on getting the data, (from all the paperwork required) rather than the workshop delivery:

*“Some at WDHS thought too much about getting the data and not about communicating to the farmers. I mean they were too concerned with getting data and not enough about how they were talking to the participants.”*

Another suggested,

*“There was an obsession with ‘that is the only way we do it...’ It is not like a hospital that is sterile and must be done in a simple process, you can get someone to do things a different way...”*

Two respondents felt that WDHS could use DPI’s facilitation experience to help attain greater flexibility in the delivery of the program.

Two made suggestions for smoother implementation; one that the dates for the workshops should be finalised earlier so that participants can plan around them better, and that good communication between WDHS, DPI and health agencies is important. Another facilitator noted the value of attracting younger farmers to the workshops.

# Appendices

## Evaluation Sample

Figure 12. Farmers contacted for the evaluation

Workshop	Telephone Interviews			Focus groups			Case studies			All participants contacted		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
DPI-01 Stawell	2	2	4	1	1	2				3	3	6
DPI-03 Wedderburn	1	1	2				1	1	2	2	2	4
DPI-04 Winchelsea	1	1	2	1	1	2				2	2	4
DPI-05 Benalla	2	2	4	3	2	5				4	4	8
DPI-06 Violet Town	2	1	3	1		1				2	2	4
DPI-07 - Macarthur	1	0	1								1	1
DPI-08 Lismore	2	2	4	1	1	2				3	3	6
DPI-09 Camperdown	2	1	3	1	2	3				2	4	6
DPI-10 Mirranatwa	2	1	3							1	2	3
DPI-11 Colac				1	2	3				1	2	3
DPI-12 Lilydale	2	1	3							1	2	3
DPI-13 Glenthompson	1	1	2		1	1				1	2	3
DPI-15 Warracknabeal	1	1	2	3	3	6				4	4	8
DPI-16 Leongatha	1	2	3							2	1	3
DPI-19 Dunkeld	1	1	2							1	1	2
DPI-20 Kyabram	1	1	2							1	1	2
DPI-21 Shepparton (Punjabi)	0	1	1							1		1
DPI-22 Shepparton (MC DPI)	2	2	4				1	1	2	3	3	6
DPI-26 Manangatang	1	1	2							1	1	2
DPI-27 Balmoral	1	1	2							1	1	2
DPI-28 Ouyen	0	1	1							1		1
DPI-29 Robinvale	0	1	1							1		1
DPI-30 Cobram (Strathmerton)	1	1	2							1	1	2
DPI-31 Nathalia (Waiaa)	1	1	2							1	1	2
DPI-32 Yarrawonga	0	3	3							3		3
DPI-33 Katamatite	2	2	4							2	2	4
DPI-34 Picola	3	2	5							2	3	5
DPI-36 Inglewood	1	1	2							1	1	2
DPI-37 Kerang (Ultima - Macorna)	1	0	1								1	1
DPI-38 Nullawil	1	2	3							2	1	3
DPI-39 Swan Hill (Tresco)	2	0	2								2	2
DPI-40 Timboon	2	2	4	1	2	2	1	1	2	4	4	8
DPI-41 Yarram	0	1	4							2	2	4
DPI-44 Willaura	0	1	1		1	1				1	1	2
DPI-46 Beaufort	1	1	2		1	1	1	1	2	2	3	5
DPI-48 Goroke	1	0	1								1	1
DPI-50 Donald (originally Birchip)	1	1	2				1	1	2	2	2	4
DPI-51 Rochester	1	1	2							1	1	2
DPI-53 Swifts Creek (Omeo)	1	1	2							1	1	2

DPI-54 Buchan (Orbost)	1	1	2						1	1	2	
DPI-55 Irymple (Mildura)	1	1	2						1	1	2	
DPI-56 Werrimull (Lake Cullulleraine)	1	1	2						1	1	2	
DPI-58 Echuca: Tomato Growers	1	1	2						1	1	2	
DPI-59 Seymour	1	1	2						1	1	2	
DPI-60 Beechworth	0	1	1						1		1	
DPI-61 Mansfield	1	1	2	1	1				1	2	3	
DPI-62 Quambatook	1	1	2						1	1	2	
DPI-63 Minyip (Lubeck)	1	0	1							1	1	
DPI-64 Euroa	1	1	2	1	1				1	2	3	
	55	56	111	13	19	32	5	5	10	72	79	153

## Data collection instruments

### Telephone interview questions for farmers

*Hello, my name is xx from Roberts Evaluation. We have been contracted by the Victorian Department of Primary Industries to evaluate the Sustainable Farm Families Program in Victoria. We are talking to a range of people involved in the program about whether it is creating any change in the health, wellbeing and safety of farming families.*

*I understand that you have been to two Sustainable Farm Families workshops so far. I would like to ask you some questions over the phone – either with your partner or separately, whichever suits best – about your experience of the program and whether it has resulted in any changes for you.*

*Any answers you give will remain strictly confidential and you will not be personally identified. The interview will take approximately 20 minutes of your time. Would you like to take part?*

*If yes, is now a convenient time or should I call back, if so when? I can also email or fax you a copy of the questions if you would like to look over them before the interview.*

---

### Demographic information

1. Gender (interviewer to note)
  2. Can you tell me which of the following categories your age falls within?
    - a. 18 – 29
    - b. 30 – 39
    - c. 40 – 49
    - d. 50 – 59
    - e. 60 – 69
    - f. 70+
  3. What kind of farm enterprise do you run?
    - a. Cropping only
    - b. Grazing ( beef, sheep)
    - c. Horticulture
    - d. Dairy
    - e. Viticulture
    - f. Mixed ( grain and sheep)
    - g. Other
  4. Do you and your partner both work on the farm full time, or do you have some off-farm work as well?
-

5. Do you have children?
  - a. How many, male or female, how old are they?
6. I have you listed as attending the workshop in [location] in 2008 and again in 2009. Is this correct?

### **Experience of the workshops**

Thinking back to the first workshop,

7. What do you remember about that workshop?
8. What did you learn from the workshop?
9. How did you feel after the workshop?

And now thinking about the most recent workshop you have been to:

10. What did you learn from this workshop?
11. How did you feel after the workshop?
  
12. What did you like about the workshops?
13. Would you suggest any improvements to the way the workshops are run?

### **Changes made**

14. Did you make an action plan after the first and/or second workshop? Was this useful?
15. What changes did you make in your lifestyle after the workshop? How did you go with these?
16. What results did you see in yourself? How did you feel physically and mentally as a result of making these changes?
17. Did you make any changes to your safety practices? What effects have these changes had?
18. Are these changes (all the ones you mentioned) that you see yourself maintaining into the future? Why/why not?

### **Wider impacts of changes**

19. How did your family respond when you made these changes? (*Partner, children, extended family, farm colleagues*)
20. Did these changes (both lifestyle and safety) have any impact on the way you manage your farm?
21. Did these changes have any impact on the success of your farm business? If yes, could you explain how? If no, why not?

### **Capacity to manage personal health**

I would like to run through a short series of statements, and I'd like to ask you to say whether you strongly agree, agree, disagree, or strongly disagree with each statement, and you can feel free to comment as we go as well. So;



22. Has your involvement in the Sustainable Farm Families program (strongly disagree – disagree – agree – strongly agree):
- a. Increased your knowledge of relevant health issues?
  - b. Provided you with tools to help you make changes in your lifestyle?
  - c. Helped you change or address any farm safety issues?
  - d. Increased your confidence in your ability to look after your own health and wellbeing?
  - e. Helped connect you to relevant health service providers?
  - f. Created more discussion about health, wellbeing and safety in your family?

Please comment further if you would like to.

**Concept of health**

23. What would a 'healthy farmer' be like?
24. Do you see yourself as a healthy farmer? If yes, what attributes, if no, what would be different about you?
25. Any further comments

*Thank you very much for your time, your comments will help the Western District Health Service and the DPI to improve the program. If you would like to see a copy of the notes I have taken during this interview, I can email, fax or post them to you.*

## **Focus group discussion questions for farmers**

*We work for Roberts Evaluation, an independent firm that has been contracted by the Victorian Department of Primary Industries to evaluate the Sustainable Farm Families Program in Victoria. We have been talking to a range of people involved in the program about whether it is creating any change in the health, wellbeing and safety of farming families; through telephone interviews and some other focus group discussions similar to this one.*

*The reason we have asked you all to come along today is that we understand you have been to either one or two Sustainable Farm Families workshops so far, and we would like to discuss with you your experiences of the program and whether it has resulted in any changes for you.*

*We will be taking notes during the discussion, but we will not personally identify anyone from this group in our reports; so the answers you give will remain confidential. If we refer to your comments in the report, we may refer to the group as a whole; for example, "the focus group of dairy farmers". With your permission, we would like to record the discussion. No one else besides us will hear the recording; and we will only be using it to clarify our notes. Is this ok?*

*We have some general questions to go through, and we will finish up in an hour - hour and a half's time – at x am/pm. To thank you for your time, we will be providing lunch afterwards, so we hope you can join us.*

---

1. Can you each please introduce yourselves, and briefly tell us about;
  - a. Where you are from
  - b. What type of farm you run
  - c. Who is involved in your business (family, staff)
  - d. Which SFF workshops you went to

### **Experience of the program**

2. What did you like about the SFF program?
3. Was there anything you didn't like, or that could have been better?
4. What did you learn from the workshops?
5. How did you feel at the end of each workshop?

### **Behaviour change**

6. Did you do anything differently after the workshops? How did this go?
-

- a. How did other people in your life (your family/staff/partner) respond?

**Concept of health, and external factors that impact on farmers' health**

Women:

7. In an ideal world, what would a healthy farming woman be like?
8. Do you see yourselves as healthy women?
9. Can you describe what a healthy farming man would be like?
10. Do you think your partners/husbands/men in this area are healthy?

Men:

7. In an ideal world, what would a healthy farmer (male) be like?
8. Do you see yourselves as healthy farmers?
9. Can you describe what a healthy farming woman would be like?
10. Do you think your partners/wives/women in this area are healthy?

All:

11. What makes it easy to be healthy (when you are farming)?
12. What makes it difficult to be healthy (when you are farming)?
13. Given everything we've discussed, do you have any suggestions for how a program like SFF could best support you to improve your health?

*Thank you very much for your time, your comments will help the Western District Health Service and the DPI to improve the program.*

*If you would like to see a copy of the notes we have taken during this discussion, we can email, fax or post them to you. If you are interested, please write down your email address, fax number or postal address on the sheet so we have your details and can send the notes on to you.*

## Case study interview questions for farmers

*Hi, my name is xx, I am from Roberts Evaluation, an independent firm that has been contracted by the Victorian Department of Primary Industries to evaluate the Sustainable Farm Families Program in Victoria. We have been talking to a range of people involved in the program about whether it is creating any change in the health wellbeing and safety of farming families; through telephone interviews, focus groups, and some in-person interviews.*

*I understand you have been to one or two Sustainable Farm Families workshops so far, and I would like to discuss with you your experiences of the program and whether it has resulted in any changes for you. I'm particularly interested in talking to you about what it is like in your industry – we are visiting five farms around the state – one dairy, one horticulture, one grazing and two mixed, to get a better understanding of what it is like to live and be working in different industries.*

*Your responses to me will remain confidential; I won't personally identify you in the reports. However, I would like to refer to you in general terms; for example, "a dairy farming couple in the x area with three children said..." Will that be OK with you?*

*I have some general questions I would like to ask you, and it should take us no more than one hour of your time.*

---

1. Can you tell me what you thought of the SFF workshops?
    - a. What was good, or what did you like?
    - b. What was not so good, or could have been better?
    - c. What did you learn?
    - d. How did you feel after the workshops?
  2. Did you do anything different after the workshops?
    - a. How did other people in your life (partner, family, staff) respond when you made these changes?
  3. Can you tell me about your farm business?
    - a. Size, products, equipment....
    - b. What kind of work do you do?
    - c. How many staff / family members work on the farm?
    - d. What do you like about working on your farm?
    - e. What do you like about living in this area?
  4. What are some of the safety issues you have to deal with as a horticulturalist/dairy farmer/grazier/mixed farmer?
-

5. Are there things about working in your industry that make it easy to be healthy?
6. Are there things about working in your industry that make it difficult to be healthy?
7. What is your industry like seasonally? Which times of the year are busier or quieter?
8. What external factors are there to consider in your industry? What impact do these have on your ability to stay healthy?
9. Do you see your family and your farm business as healthy?
10. Given everything we've discussed, do you have any suggestions for how a program like SFF could best support you to improve your health?

*Thank you very much for your time, your comments will help the Western District Health Service and the DPI to improve the program. If you would like to see a copy of the notes we have taken during the interview, we can email, fax or post them to you.*

## Telephone interview questions for health professionals

*Roberts Evaluation have been contracted by the Victorian Department of Primary Industries to evaluate the Sustainable Farm Families Program in Victoria. We are talking to a range of people involved in the program about whether it is creating any change in the health and wellbeing of farming families.*

*We understand that you have been involved in delivering Sustainable Farm Families workshops, and would like to ask you some questions over the phone about your experience and opinions of the program and any impacts it is having on the health of farming families.*

*Any answers you give will remain confidential and you will not be personally identified. The interview will take approximately 20-30 minutes of your time.*

---

1. What is your role in your organisation?
2. How much of your work is dedicated to health promotion activities? How much to clinical work?
3. What kinds of health promotion activities do you do?
4. How many SFF workshops have you delivered, and in which locations?
5. What has worked well in the workshops that you have delivered?
6. What could be improved in the implementation and delivery of the SFF workshops?
7. What changes have you seen in the participants over the year or so that they have been coming to the workshops?
8. *How* do you think the program has contributed to improving the health, wellbeing or safety of the participants?
9. What other factors, besides this program, impact on the participants' health?
10. Could the program address some of these factors? If so, how?
11. Can you describe your idea of what a healthy farmer would be like?
12. Has your experience in the program had any impact on your knowledge and/or skills in working with farm men and women?
13. Has your experience in the program had any impact on your knowledge and/or skills in working with groups?
14. Since doing the SFF workshops, have you or your organisation made any changes to the way you operate, or the programs you run?
15. Have you had any further contact with the groups (for example industry group, DPI, other health agencies) and/or the participants that were involved in your program?
16. Any further comments.

*Thank you very much for your time, your comments will help the Western District Health Service and the DPI to improve the program. If you would like to see a copy of the notes I take during the interview, I can email, fax or post them to you afterwards.*

---

## Telephone interview questions for DPI facilitators

*Roberts Evaluation have been contracted by the Victorian Department of Primary Industries to evaluate the Sustainable Farm Families Program in Victoria. We are talking to a range of people involved in the program about whether it is creating any change in the health and wellbeing of farming families.*

*We understand that you have been involved in facilitating a number of Sustainable Farm Families workshops and would like to ask you some questions over the phone about your experience and opinions of the program and any impacts it is having on the health of farming families.*

*Any answers you give will remain confidential and you will not be personally identified. The interview will take approximately 20-30 minutes of your time.*

---

1. How many workshops have you facilitated, and in which locations?
2. What has worked well in the SFF workshops that you have delivered?
3. What could be improved in the implementation and delivery of the SFF workshops?
4. What changes have you seen in the participants over the year or so that they have been coming to the workshops?
5. *How* do you think the program has contributed to improving the health, wellbeing and safety of the farming participants?
6. What other factors, besides this program, impact on farming families' health?
7. Could the SFF program address some of these factors? If so, how?
8. Can you describe your idea of what a healthy farmer would be like?
9. Has your experience in the SFF program had any impact on your knowledge and/or skills in working with farm men and women?
10. Has your experience in the SFF program had any impact on your knowledge and/or skills in working with groups?
11. Has your involvement in this program created any change in the way that you work with farmers?
12. What about the DPI more broadly; what impacts do you think this program has had upon the DPI and its work with farmers?
13. Any further comments.

*Thank you very much for your time, your comments will help the Western District Health Service and the DPI to improve the program.*

*If you would like to see a copy of the notes I take during the interview, I can email, fax or post them to you afterwards.*

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