



Australian Government

Department of Health and Ageing

Sustainable Farm Families – Reaching the Remote



A report for the Department of Health and Ageing

By

Western District Health Service, PO Box 283, Hamilton. 3300.

October 2008

Sustainable Farm Families: Reaching the Remote

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Foreword

The Department of Health and Ageing (DOHA) have placed a priority on programs that addresses the health issues of remote agricultural populations. In 2006 the Commonwealth provided funding to Western District Health Service and its collaborative partners to undertake a project to work with farm families (pastoralists), industries and health services within Accessibility /Remoteness Index of Australia (ARIA) 4 & 5 for a period of two years. These are remote rural areas with significantly restricted accessibility of goods, services and opportunities for social interaction.

The current health status of farming families was addressed through structured health education and assessment programs using adult learning models and were coordinated over the two year period. Key deliverables of this research project included;

- the development of broad intersectoral collaboration between industry, community groups, health services and farming populations;
- reflection on health education;
- the assessment and monitoring of farm family and agricultural workers health indicators; and
- transferability of design and implementation.

Sites for the Reaching the Remote Project were Tennant Creek and Katherine in the Northern Territory, Georgetown and Mt Surprise in North Queensland, Walgett and Burren Junction in New South Wales and Esperance and Cascade in Western Australia, plus Geraldton and Northampton in WA.

Pastoralists and agricultural workers have embraced this research and are incorporating health as an important business indicator that affects their 'triple bottom line'. The Sustainable Farm Families program has continued to grow in its capacity and has been extended to other agricultural industries such as, dairy, and horticulture throughout rural Australia to test its transferability and to further investigate the health of farm families.

Key outcomes from the project reveal:

- Improvement in health indicators in some farm members at risk of diseases throughout the program;
- Retention of some knowledge gained through the education process;
- Overall improvement of the participants' health through measurable indicators; and
- Recommendation of the health program to others by 100 percent of farming participants

Current publications and peer reviewed publications are available through the Sustainable Farm Families website:

- www.sustainablefarmfamilies.org.au

Acknowledgments

The completion of the Sustainable Reaching the Remote Project has taken a great deal of time and effort from all involved. The most important of all is those farm families' and agricultural workers who agreed to participate and be involved. The 138 farming participants played an integral part in the program.

Credit must be directed to the local facilitators, Ms. Sara Potter, Ms. Helen Kempe, Ms. Anna Burley, Ms. Jodi McLean, Ms. Dale Rooney and more recently Ms. Jacki Ward, who were our key contact person in each location. Appreciation to the Western District Health Service board and chief executive officer – Jim Fletcher for the ongoing organisational support and strategic vision in backing the Sustainable Farm Families – Reaching the Remote project.

Acknowledgement to our collaborative partners Department of Primary Industries, Fisheries and Mines in the Northern Territory, Katherine West Health Board, Frontier Services, Hunter New England Health Service, Greater Western Area Health Service and Western Australia Country Health Service.

Their encouragement in improving the health of farm families was always a priority and this report reflects that commitment.

The Sustainable Farm Families Reaching the Remote project brought together a team of facilitators, pastoralists, health professionals and industry representatives that were committed to making the health of farm families a priority. We would like to thank personally all members for their dedication, patience and assistance in making the project the catalyst of new programs and evidence based practice that will assist in making the health of farm families and agricultural workers a priority in Australia. In particular, Michelle McClure, Amy Hutchins Oscar Brumby-Rendell, Jennifer Maggs, staff at Western District Health Service in Corporate, Finance, Health Information Services, and South West Primary Mental Health Team have all made important contributions to ensuring the project ran smoothly.

Hannah Simkin, La Trobe University Arts / Health Science student for compiling the focus groups discussions.

The Sustainable Farm Families team would also like to acknowledge formally the Steering Committee members who were integral in the development, dissemination and ongoing joint management of the project. The Reaching the Remote joined in with the current SFF Steering committee. Included were:

Professor Bruce Wilson, RMIT University Melbourne VIC
Professor John Martin, La Trobe University Bendigo VIC
Ms Susan Leahey, Australian Women in Agriculture, NSW
Ms Delwyn Seebeck, Victorian Farmers Federation, VIC
Mr Warren Straw, Department of Primary Industries VIC
Ms Victoria Mack, LandConnect Australia
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Executive Summary

What this report is about

The health and wellbeing of all Australians is an important factor in the social and economic success of the nation. All governments have made significant investments to improve the health status of both metropolitan and rural/remote populations. Current data reveals that the health status of people living in rural and remote populations is poorer than their city counterparts. They are more likely to be smokers, to drink at high/risky levels, more likely to be overweight or obese and physically inactive (AIHW 2005). Whilst this highlights the health status of rural populations we do not currently have an adequate understanding of the specific health status of *farm/agricultural* populations. The Australian Bureau of Statistics classification system groups rural health populations on the basis of geographical location rather than by employment in an agricultural industry. Rural communities also have less access to medical and health services and, in addition to limited access to services, they need to travel long distances on less than adequate roads and at high speeds to obtain health services (AIHW: Strong et al. 1998). Some participants travelled 650 kilometres one way to be part of this Reaching the Remote program. In addition to access challenges, farming itself is listed as particularly dangerous occupation.

Remote farmers/pastoralists participating in this program showed they were interested in the impact of their health, wellbeing and safety on their farming business. This report tells the story of a health education program conceived by farmer associations, for farmers, which has been developed in association with health, industry, universities, training organisations and agricultural industries. These groups have worked together to develop and pilot the Sustainable Farming Families (SFF) program. It is this program that has been extended to include remote farm families in the Northern Territory, Queensland, New South Wales and Western Australia. The extension within these unique remote industries has allowed further health and demographical information to be obtained.

The report provides an insight into the current health status of farming families within the remote agricultural industry. It increases our understanding of what impacts farming family health and identifies measures to improve their health, wellbeing and safety. Many of the specific strategies to improve farming family health were provided by farmers themselves.

Who is the report targeted at?

The report is targeted at people interested in the impact of health and wellbeing on farming families in rural and remote Australia. This includes farming families, the farming workforce and agricultural industries, especially those involved in policy and resource allocation decisions. Research bodies including universities, health services and agricultural industries will find the information useful in future planning to effectively service the needs of Australian agriculture. Policy makers and government agencies will find this report of value in developing better policy to improve farmers' and rural health, and in allocating future funding for remote farming family populations. This report also gives the general reader a snapshot of the health status and needs, and of the attitudes of remote farming families towards their health.

Background to the SFF program

The basis for the Sustainable Farm Families – Reaching the Remote program is proving to be versatile across a range of agricultural industries and areas. It has been driven through the passion of two registered nurses Susan Brumby and Stuart Willder with an interest in farm family health and the future direction of farming throughout Australian agriculture. In association with La Trobe University-based researcher Professor John Martin and strong organisational support from their health service Western District Health Service, they developed the evidence-based health promotion program that is the SFF. The project was structured initially around a specific target group of farming families and

covered many health issues including cardiovascular, diabetes, stress, gender specific issues, cancers, injury, safety and mental health. The program content reflected the primary health factors known to affect farming families and rural communities more generally and also planned to recognise the complex environment of farms as workplaces, homes and businesses. Given this complexity, farming families were key players in the shaping, feedback and further development of the program through discussion of shared issues and common problems.

The extension of the initial SFF broadacre project to farming groups into remote agricultural communities has allowed the project to be tested in other agricultural industries with different climatic, industrial and social issues that can be more closely understood using the SFF framework.

The funding allocated by the Joint Research Venture in Farm Health and Safety managed by Rural Industries Research and Development Corporation has been a key factor in the initial development and implementation of the SFF project. It is the further funding by Department of Health Ageing that has enabled the SFF to Reach the Remote.

Aims and Objectives

The initial aims and objectives of the SFF project were developed in response to the evidence that little is known about the health status of farming families (men, women and extended families). While there are health statistics regarding rural and metropolitan health, there is little empirical evidence of the status of remote farming families. Our aim for the project was:

- To implement and investigate the benefits of the original RIRDC funded Sustainable Farm Families project within selected agricultural industries throughout remote communities of Australia as per ARIA 4 & 5 in 8 locations.
- To determine the effectiveness of the learning's from initial projects within remote communities and agricultural industries
- To improve the health and health and safety outcomes for people living in rural and remote Australia
- To validate the education and assessment process of SFF projects in remote Australia
- To provide the commonwealth with data on the health of the remote agricultural industries and community populations
- To provide evidence to support future policy decisions relating to the health and healthcare delivery to remote populations and industry bodies of Australia
- Increase and add value to current research in farm health and safety.
- To develop effective linkage between remote health service delivery teams to enhance healthcare within remote Australia

To build on the four research objectives from initial SFF project in broadacre farming, creating resources to implement the learning in other agricultural industries.

Specifically:

- Identify and track farming families health indicators for inclusion in Farm Management quality assurance processes;
- Design and deliver a training program that assists farming families to identify strategies to enhance individual, family health and relevant OH& S practices;
- Communicate project findings to farming families and the health and agricultural sectors;
- Provide information on the relationship between family health, health as a social issue in rural communities and farm productivity.

Methods Used

The goal was to develop and trial a program that enabled remote farmers to increase their control over and improve their health, wellbeing and safety. Methods used within the program incorporated a wide

range of evidence-based data collection and evaluative frameworks. A network of collaborative agricultural and remote industry bodies was formed along with local ARIA 4 & 5 (Department of Health and Ageing 2001) health service agencies in preparation for Reaching the Remote Program. These networks assisted us in identifying the best options and times for delivery and project potential within these regions. Future development of these networks and intersectoral collaboration saw the advertisement and then the appointment of facilitators who were SFF local facilitator personnel that networked with industry and locals to recruit participants. The facilitators were contracted by WDHS to undertake the specific tasks of organising the workshops and recruiting participants within the select regions. The facilitators provided SFF with local knowledge and information on how their particular region functioned and the optimal way of coordinating and managing programs within remote locations.

The project's research and education activities included:

- Literature search based on remote farmer health (health promotion, extension and farmer education workshops);
- Research into the current service provision and health determinants for remote farming families
- Focus group discussion regarding attitudes to health wellbeing and safety;
- Structured annual workshops over 2 years using established learning models and theories;
- Pre and post knowledge questionnaires;
- Program process evaluation;
- Physical assessment process and data collation of health indicators;
- Demographic and self reported surveys;
- Data analysis using Statistical Packaging Social Sciences;
- Action planning to address behaviour and lifestyle decisions; and
- Case studies completed by local facilitators.

Using these assessment and data collection methods, the project team collated information on the physical health status of de-identified participants with statistical analysis of the data (derived from questionnaires/focus groups and observations) about their own health perceptions, their initiatives to improve their health, their business decisions, and other aspects of their lives. Output from this analysis has been used to prepare conference papers, produce published papers and to share with DoHA and other bodies interested in the health, wellbeing and safety of remote farming families. The research has also been used to gather farmer feedback and to improve the program's content and delivery.

Results/Key Findings

The initial SFF project achieved some very important outcomes and research findings. These outcomes include:

- High retention rates of participants over eight programs considering environmental influencing factors including drought and floods;
- Retention of new knowledge gained over successive years by participants;
- Statistically significant reduction of clinical indicators in people at risk which correlate to major diseases including, for example cardiovascular disease (CVD) and type 2 diabetes;
- Increased use of protective aids and equipment on farms
- Positive lifestyle changes consistent with action planning by participants to commit to family holidays, and other stress reduction activities;
- Generation of further learnings into the health, wellbeing and safety of farming families;
- 100% of all participants would recommend the Reaching the Remote program to other farming families.

Language

Whilst part of the SFF program the “Reaching the Remote” was designed to pilot the program with different industries in different remote geographical areas, it was also to see if the program was transferable and results comparable to our other programs as agriculture is such a diverse industry with many different individuals who make it what it is. As we found remote northern farmers do not consider themselves as farmers but as “pastoralists”, and those in the south of WA considered themselves as broadacre/grazier farmers. However to be consistent and make a program that is transferable we classed them all as farmers. This did not seem to affect the participant’s attitude to the program.

Implications for relevant stakeholders

Industry

The implications of the SFF project for Australian agriculture are significant. Industry involvement from the Northern Territory Cattleman’s Association, Australian Agricultural Company and other industry groups have assisted in the recruitment of the farmers participating in the program. Industry has also benefited from the association with this broad inter-sectoral collaboration in the development and implementation of the project. The underlying fact remains that industry and health sectors bear the main influence to the success of these projects and collaboration between these key stakeholders is imperative

Farming Communities and Remote Farming Communities

Significant community implications arising from the SFF project have occurred with many of the programs across the Nation generating ongoing community activities around health, wellbeing and safety. Community involvement has generated the desire for programs beyond the funding timeframes and encouraged future program development by other agricultural industry and health services. Positive community response has seen the initial program receive major awards in 2005 and 2006, initiation of work safe programs, additional funds for health and wellbeing grants and general stores and supermarkets changing the foods they stock for healthier choices all of which constitute part of the benefits for participating communities. Remote farming communities supported the reaching the remote program to an unexpected precedence by travelling up to 600 kilometres one way to attend the program over two successive years. This dedication and commitment reveals a great deal to the unique characteristics shown by farming families. These characteristics need to be commended and harnessed for future developments and initiatives.

Policy Makers

The SFF research has seen an emerging interest from government and policy makers in gaining more understanding about farming health, wellbeing and the future of the family farm enterprise. This has resulted in additional funding to expand the action research, number of participants and training opportunities. The involvement of the Commonwealth Department of Health and Aging, Geoffrey Gardiner Dairy Foundation, Victorian Department of Primary Industries, Victorian Farmers Federation, WestVic Dairy and more recently the Victorian Department of Human Services has generated a broader cross section of institutions interested in the state of farming family health, together with training of an increasing number of health professionals. On July 31 2007 large scale funding in Victoria was announced by The Minister for Agriculture, Joe Helper from the Department of Primary Industries for over 1000 farmers in 2007-2009.

June 2008 has seen SFF gain another substantial amount of funding in Victoria from the Department of Primary Industries for a 3rd Year extension on the 2007-2009 programs

Others

Interest in the SFF program has been generated with key collaborative industry and sector partners coming together to continue the development of the SFF initiatives to improve the health, wellbeing and safety of farming families. This positive response from the wider Australian agricultural industry has been a key outcome for the SFF program. It is remarkable that a small rural health service has

been able to draw on its grounded experience and develop this initiative to the stage where it now has a prominent national focus.

Recommendations

These recommendations have implications for all levels of government, health, industry, local populations and individuals. An appropriate response will require government and industry to work collaboratively in assessing the specific policy implications of the project, and to apply the resources necessary to bring significant benefits to the health and wellbeing of Australian farm families and agricultural workers.

Key recommendations from the Reaching the Remote projects are:

1. National program to improve farming families and agricultural worker health, wellbeing and safety. The role of the Australian Government is central to the health and wellbeing of our rural community. Farm families and agricultural workers remain central to these communities as much as rural society is dependent on this economic activity. The Australian Government can take leadership in generating a national commitment to farmer health and wellbeing by establishing the framework for collaboration across the range of health, industry and educational sectors whose engagement will be central to the ongoing success of the SFF project. In the first instance this will be implemented most productively through establishing a funded national program for regional partnerships (health, industry, community) to deliver the SFF program across Australia.

2. Including the SFF program in rural and regional community health service annual health plans

Rural and regional health services are the primary service deliverers for health promotion programs like the SFF. A central feature in the success of the SFF project is the local engagement of farm men and women in an informative program where they both learn about basic health improvement strategies and engage in a discussion with their peers and local health professionals about the reasons for their health status. Another important feature of the SFF program is its evidence based approach. Information on participants overall health, wellbeing and safety is collected overtime and recorded on their local health file with them understanding their cardiovascular health, (blood pressure, cholesterol, body mass index) predisposition to cancer (family history, diet, activity, exposure to sun) and diabetes (blood glucose, waist measurement, family history, lifestyle). In addition information on the causes of anxiety and depression, sexual and reproductive health and wellbeing are also provided improving the long term call on health services through early onset of conditions related to their factors which have not been understood or dealt with by individuals. Ultimately reducing the high level of chronic disease and improving outcomes.

3. A partnership ethos is essential to the ongoing success of the SFF project.

There are several key factors which contribute to the success of the SFF program. These include the presentation of important health, wellbeing and safety information related to their current conditions and industry in a highly interactive manner with participants who share a common business interest; agricultural production. The WDHS team have partnered with a wide range of institutions and organisations to design, deliver, evaluate, find and extend the program well beyond the first program with broad acre farmers. Continuation of the SFF project will largely depend on the partnerships arrangements established by key players, especially rural and regional health services and industries.

4. An evidence- based approach is essential.

Farmers returned to the SFF program over the two programs because they were aware of their personal health and wellbeing, and safety risks and how it relates to the likelihood of their future health status. They are empowered by knowing about the key underlying causes of health and wellbeing and safety and where they now stand in relation to the information.

5. Leadership, research, development and institutional support for national SFF service delivery.

Western District Health Service and its partners have provided leadership, research and development support for the SFF project since its inception and extension beyond the initial cohort of broadacre farmers. With support from the Australian and Victorian governments and industry partners (such as the CRDC, SRDC and Gardiner Foundation in Victoria) the WDHS has worked with universities, agricultural industry associations and community health services to extend and deliver SFF programs. For these programs to become embedded in the annual health practice of rural and regional health services it will require funding **for a five year period to embed this model of service delivery.** It is recommended, therefore, that the Australian Government work with the Western District Health Service to fund a five-year program to implement the recommendations in the report.

1. Introduction

The full costs of farmer illness, injury and accidents are not known, although Fragar and Franklin (2000) noted that the costs of farm injury and illness are probably not being borne by the industry with their impacts affecting all of Australian society. The long term consequences of ill health or injury such as disability, accident insurance, decreased production and poor psychosocial outcomes in farming families in Australia are difficult to ascertain. Apart from the lack of formal research, even getting adequate data on farming families from official sources has been complicated by data-gathering practices. Prior to 1996, only one person per household was able to indicate that they were the farmer in the Australian census questionnaire. This has made comparing female farmer health with the rural population very difficult.

Thus while the data is sketchy and incomplete, sufficient evidence has become available that indicates the health of farming families is at risk and likely to be worsening. The importance of a collaborative effort between governments in Australia to address the health issues of Australians living in rural and remote areas has already been acknowledged in the Healthy Horizons Framework (1999). Health practitioners now recognise that the social context plays an important role in determining health and occupational safety (OH&S) outcomes. Nowhere is this more relevant than for farming families. In Australia, according to the National Farmers Federation (2006) 99 percent of farms are family owned so that the workplace is also the home place. The family is a business unit, yet it also has all the emotional dynamics that can arise in the family context. Building human capacity is a major factor in addressing the health, illness, injury and OH&S outcomes for rural people and farming families. In particular the strength of social capital and community relationships (Duke, Wilson and Doyle 2006) is seen as pivotal to the maintenance of mental health in rural communities, yet it also has been eroded by recent changes to rural life and adverse climatic conditions (National Mental Health Strategy 2000).

The issues arising from this combination of serious concerns about farm families' health, are diverse and complex yet there is inadequate understanding of what is actually happening. This sets the scene for the SFF project. The 'Sustainable Farm Families – the human resource in the triple bottom line' project set out to integrate key farmer health issues with mainstream rural research, farm management analysis and quality assurance programs. Informed by a social model of health, the approach focused on remote farm families as the key site for intervention, recognising that health and rural sustainability is created where people live, work, love and play (Kickbusch 1989). The principles of 'triple bottom line' thinking were addressed through working with key industry groups and included incorporating farm family health indicators into farm management planning. This would enable health, safety and wellbeing and farm management issues to be addressed coherently, to broaden the impact of social and economic benefits by addressing rural social health issues alongside farm management development.

Extending the research into the remote farming families across Australia has given the opportunity to fully evaluate and assess the health of one of our most valuable resources. Remote population suffers at the hand of distance, isolation and service provision. The funding made available by the Department of Health and Aging has given the participating families the opportunity to share their health information, learnings and wealth of information with other farming families to assist in the goal of improving farming family health.

Background to the SFF concept

The SFF concept is unique and versatile, and has taken shape from the driving passion of two registered nurses with an interest in farming family health and the future direction of farming throughout Australian agriculture. It is centred on direct engagement with farming families informing them about their personal health situation while broadening their understanding of healthy living options and farm safety. It recognises that their family health is essential for them to effectively utilise their economic and natural resources.

The initial SFF program was delivered to six groups of farming families over three years using a format that engaged them as active learners where they commit to healthy living and safe working practices. Its activities encompassed an annual workshop, newsletters, industry association involvement, pre and post knowledge questionnaires, personal action plans and measurement of clinical indicators. The underlying

message has been to increase awareness of the importance of a healthy human resource in ‘triple bottom line’ thinking and to focus equally on financial, natural and human resources - all essential for farming success. The project motto was: “no point in a better bottom line if you’re not there to enjoy it.”

Funded through the Joint Venture on Farm Health and Safety managed by the Rural Industries Research and Development Corporation (RIRDC) and led by Western District Health Service (WDHS), the SFF program identified the need for strong intersectoral collaboration. Partnerships were developed with Royal Melbourne Institute of Technology (RMIT) University, Farm Management 500 (FM500) (farmer benchmarking group), LandConnect Australia (a training organisation), Victorian Farmers Federation (VFF), the Victorian Department of Primary Industry (DPI) and Australian Women in Agriculture. The funding was provided to develop, implement and evaluate a three year program to address farming family health issues amongst broad acre farmers in Victoria, South Australia and New South Wales.

The success and impact the original project had on broad acre farming families saw the opportunity extended through funding by the Gardiner Foundation to 210 Dairy farming families across 11 areas of Victoria over three years. This research further developed solid evidence based information on the health and wellbeing of farming families. The Joint Venture on Farm Health and Safety managed by the Rural Industries Research and Development Corporation (RIRDC) continued its support and focus on gaining valid health information by funding both and extension to the Sugar and Cotton industries throughout New South Wales and Queensland over two years. This research funding was again supported by the funding of an economic evaluation into the Broad acre program to further assess the economic benefits of the program to the Australian economy.

Observing the success of the initial and other programs WDHS submitted for funding with DOHA to extend the project to rural remote areas where support was given to extend research across Australia accessing farming families within ARIA 4 and 5 regions.

Background to the locations and industries

Northern Territory

Katherine

Katherine is located 312 km south of Darwin with a town population over 9,000 people. The Municipality of Katherine covers an area of 528 square kilometers. The Katherine Region is 336,674 square kilometers, or almost the size of the Australian State of Victoria. The total population of the region is just over 17,000 people (<http://www.katherine.nt.gov.au/>). The main agricultural industry is cattle production with mango production & fresh vegetable markets emerging within the region. Agriculture contributes 40.2M to the economics of the Katherine region (05-06) (<http://www.katherine.nt.gov.au/About-Katherine/Economic-Base>) with large numbers of live cattle exported out of Darwin from the Katherine region. Katherine is the 4th largest town in the NT and the main place of business for the majority of pastoralists. It is the place where they get supplies, children go to weekly boarding school, banking etc. The partnership was formed with Department of Primary Industries and Fisheries interest, Katherine West Health Board also supporting staff training and a local facilitator appointed.

Tennant Creek

Tennant Creek is located 1000 km south of Darwin, 500km north of Alice Springs with a town population of approx 3,500 people (Tennant Creek and Barkly Region Visitor Guide, 2006). The Barkly Tablelands is spread over 240,000sqkm (www.tennantcreek.nt.gov.au/business/cattle-stations/) Cattle Production is the main agricultural industry. Tennant Creek is the closest town to the pastoralists, however due to the size and the ownership of the stations being major companies the majority of the pastoralists do business in other places. The partnership was formed with the Department of Primary Industries and Fisheries and the Reaching the remote Program was held at the DPI & F venue in Tennant Creek

Queensland

Georgetown

Georgetown is located 412km South West of Cairns. The population of Georgetown township is 250 (approx). The Etheridge Shire population is (2006) 1,041. These figures vary due to itinerant workers over

the dry season working within tourism, mining and agriculture. The Savannah region is a mix of the mining industry and the agricultural industry. The main agricultural industry is cattle, predominantly family owned stations. There is also Mango production, hay/fodder production and a fledgling Neem Tree plantation. Georgetown is the centre of the Etheridge Goldfield (<http://www.cyfe.com.au/cyfe.html>).

Mt Surprise

Mt Surprise is located 319 km south west of Cairns and 92 km east of Georgetown, population of 65 people. Mount Surprise sits on the edge of the immense Undara lava field created by ancient volcanic eruptions in the McBride Plateau. The surrounding country is flat, wooded Savannah grassland, with isolated hills.

A partnership was formed with the Frontier Health Service providing health care delivery and site management in the area of Georgetown and Mount Surprise in Northern Queensland. A recruitment and training strategy was developed with an experienced registered nurse from the region and the program was developed within the region.

Participants for both regions were recruited from stations from around the surrounding areas and many participants travelled up to 450 kilometers one way to attend the program.

The site selection for the Mount Surprise area was a local caravan and tourist park which was well equipped to deliver both accommodation and catering requirements for the program on both years. The Georgetown program was delivered in the local town hall with catering provided by local supports recruited by Frontier Health Services.

One of the major initiatives and key successes of the program for the region was the service provision by the Remote Area Family Services (RAFS) team which provided day care and education programs for the children of the participants attending the program. This team would provide education for school aged children who would normally undertake School of the Air and also educational activities for the group who would normally not socialize in a group setting. The inclusion of this serviced certainly was one of the key successes for recruitment and the retention of numbers over the duration of the program.

New South Wales

Walgett

Walgett is located 690km from North West of Sydney and 280km North of Dubbo. The population is 1,960 (2001 Census). The main agricultural industries are wheat (cropping), cotton, sheep and cattle production. Walgett is the southern hemisphere's largest wheat collection point and is well known for its large production volumes. A local facilitator was appointed and the program was held at the local shire offices with support from the shire. A staff member from the Walgett District Health Service also attended.

Burren Junction

Burren Junction is part of the Walgett Shire situated 91km east of Walgett. Population of 147 (census 2001). The main agricultural industries are wheat (cropping), cotton, sheep and cattle production as per Walgett. The program was held at the local CWA hall in Burren.

The NSW program was delivered in two sites Walgett and Burren Junction. The local facilitator had excellent local and agricultural knowledge and was able to recruit participants for the program across both areas with linkage to local area industry and community groups within each area. Retention in the smaller site of Burren was close to 90% in the second year yet numbers attending second year in Walgett were lower than expected due to rain (on black soil and off farm work – teaching).

Both areas had some local interaction from either the Walgett Health Service or Hunter New England local nurses observing the program.

Western Australia

Esperance

Esperance is located 721 km south east of Perth. Esperance shire population of 14,170 (Regional Population Growth, Australia, 2006-2007) the shire is 43,000 sq km (<http://www.esperance.wa.gov.au/>).

The main agricultural industries are cropping, sheep and cattle production with aquaculture slowly emerging.

Cascade

Cascade is a broadacre farming region (grain, sheep and cattle). Population approx 200. Approx 650 km South East of Perth. 100km Norwest of Esperance (closest major town). There is a primary school in the township, a couple of houses and a recreation hall.

The Western Australian program was delivered in two sites Cascade and Esperance. As highlighted the area is predominantly broad acre holdings with some beef and sheep enterprises. Most property sizes ran into the range of 20-25000 acres. The local facilitator had a good level of local knowledge and was able to recruit participants for the program across both areas with linkage to local area health services and key health personnel within each area. Retention in the smaller site of Cascade was close to 100% in the second year yet numbers attending second year in Esperance were lower than expected and possible due to seasonal conditions. The Cascade site delivery was a local and well supported hall with excellent amenities that all locals supported and contributed to the maintenance of. The Esperance location was the local performing arts centre in first year and then moved to the local Fire Authority venue the second year due to cross bookings.

Both areas had local input from the Esperance health service and local nurses and health professionals were trained in the delivery of the program in Hamilton and then delivered key sessions to the groups during the WA program.

2. Objectives

Sustainable Farm Families – Reaching the Remote aimed to expand the original SFF project into other industries and locations establishing the basis for increased understanding of remote farm family health in these industries and to explore the transferability of the program. The Reaching the Remote project also aimed to initiate training and development opportunities for rural health professionals working in remote parts of Australia.

Specific objectives:

To build on the four objectives from the first SFF project thus creating resources to implement the learning in other agricultural industries. Specifically:

1. Identify and track farming family health indicators for inclusion in Farm Management quality assurance processes.
2. Design and deliver a training program that assists farm families to identify strategies to enhance individual, family health and relevant OH&S practices.
3. Provide information on the relationship between family health, health as a social issue in rural communities and farm productivity.
4. Communicate project findings to farm families and the health and agricultural sectors.

The key strategies employed to achieve these initial four objectives in the first SFF project included a training program delivered to farming families that discusses injury and illness in rural areas, individual health assessments and formulating a health improvement plan.

The aim of the SFF Reaching the Remote project was to:

- Develop an interagency agreement, project management and facilitator guidelines, and train the trainer strategies for SFF with other rural health services in proximity to the remote locations;
- Validate the SFF process as it is applied in other agricultural industries; and
- Extend the SFF education and assessment process in remote areas of agriculture across Australia

The two overarching assumptions of the SFF approach are:

- ***Farming families that understand and believe in a holistic approach to health and wellbeing will adopt farming practices that enhance their health and safety leading to successful farming outcomes.***
- In terms of this extension to the SFF project our methodological assumption ***is that health and safety issues affect all farmers, however, the way in which remote farmers in particular industries address these issues will be different.***

The key strategies employed to achieve these objectives included:

- appointing SFF Facilitators
- coordinate the training of these facilitators in the SFF program
- create networks and partnerships with local industries
- deliver a program to remote farm families that considered health, wellbeing, safety and injury in rural and farming populations,
- coordinate and undertake individual health assessments and assistance in formulating an individual health improvement plan.

This project was seen to complement farming industry initiatives relating to farming occupational health and safety, consistent with the assumption that as a farm family health and wellbeing is enhanced, OH &S incidents are reduced.

Outcomes of proposed project

- To build capacity in rural and remote disciplines, health and industry associations addressing farming family health, wellbeing and farm safety, identifying key generic cross sectoral issues relating to farming business success.
- To extend the positive outcomes of the SFF project in wool, meat and cropping to other remote agricultural industries.
- To contribute to the research of the National Centre of Farm Data and Injury.

- To add value to the original project by linking in other agricultural industry bodies (e.g. Gardiner Foundation, United Dairy Farming Families, WestVic Dairy, Cotton and Sugar RDC,) who have funded SFF workshops in their industry which will also contribute to the evidence base of the SFF project.

Deliverables of proposed project

The following deliverables were received:

- Fully developed and validated workshop-based manual that can be used across all agricultural industries across Australia;
- A fully supported participant and facilitator manual with notes, teaching materials and resources for health promotion professionals which has been further developed with the Victorian Department Human Services Train the Trainer;
- Evaluation reports of pre and post knowledge over life of project;
- Evaluation report of the transferability of this health promotion program across agricultural industries;
- Information on farmer knowledge and understanding of health, wellbeing and farmer safety; and
- Farm injury statistics completed in line with the Farm Injury Optimal Dataset from the National Farm Injury Data Centre.

The deliverables to the DoHA and collaborative partners included:

- A farm family health awareness and improvement program;
- Provision of information relating to farm family health and sustainable farming;
- Training materials including family health and wellbeing action plan for farmers;
- A training module that can be used across a range of farming industries;
- Communication of project findings through conference papers and articles in industry magazines, journals and radio; and
- A user-friendly template to identify personal health issues to fit into farming business plan, which would also be available on CD Rom and website.

Given the objectives for this project, this report is much more than providing information about project findings. The action and development work implied in the first and fourth objectives have been a central driver of the project, and an important part of this report is telling that story:

- How did the workshops with remote farm families work?
- What kind of information was presented to them?
- How was the educative work integrated with the information gathering and the project strategy?
- How well does the SFF program work when delivered in remote areas of Australia and in differing agricultural areas?

While the focus of program design was on the workshops, these were supplemented by other important activities. Not least amongst these was the expectation that participants would choose to undertake particular ‘actions’ designed to improve their health, that these would be public within the group, and that they would be asked to report on them.

In considering this complexity of objectives and activities, it becomes apparent that this is very much an action project in which development is undertaken alongside project, and then informs future action. The report attempts to capture each of these dimensions. The program design was informed not only by the available research, but also by a range of theories related to adult learning and to evaluation. Before presenting the major findings, the next chapter provides some account of the underlying theory and of the program design.

3. Theory and Methodology

Sustainable Farm Families Concepts and Development

The framework underpinning this project was based on the assumption that a farmer's health has a four pronged impact on the health of their family unit, their farm and ultimately the local community. It is important to note that most farms in Australian are still family owned and operated, (NFF 2006) with health, wellbeing and safety having a huge impact on family and workplace lives. This is summarised in Figure 3.

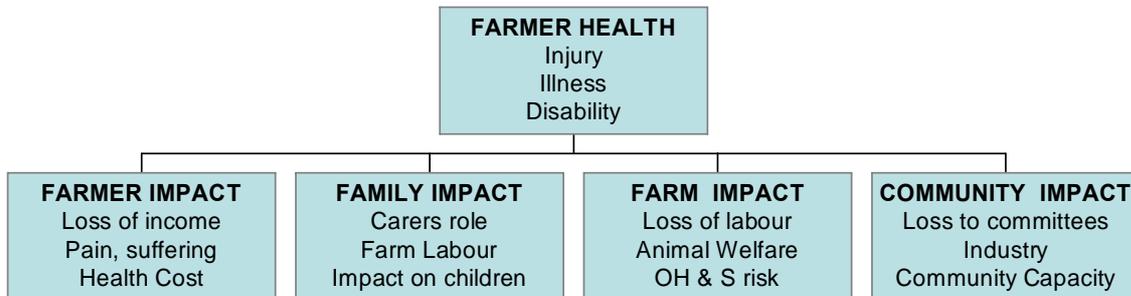


Figure 1: Relationship showing impact of poor health and injury on farmers, families, farms and communities. Brumby, S (2005)

Applying the conceptual framework to the development of teaching strategies and evaluative frameworks was a central part of the project. This framework has been fundamental in enabling the project to develop the innovative basis of its success. In planning the extension of the project to remote areas, the knowledge and experience of the WDHS project leaders was enhanced through learning about educational processes, research activity and design of educational materials. The extension of SFF to remote areas involved key linkages from industry groups and employed local facilitators to formulate plans to coordinate the rollout to 8 communities across the nation.

Ethics approval for the SFF – Reaching the Remote project was granted under an extension as per National Health Medical Research Council guidelines through South West Health Care Ethics Committee. The SFF project was to be available for people who have farmed for more than five years and are aged between 18 – 75 years. It was open to any member of a farming family business and the participants were to be self selecting, typically through networks such as NT Cattleman's Association, Georgetown Camp Draft Assoc, and the Cotton Growers Association. Employed local facilitators undertook personal visits and presentations to many groups within their areas. The opportunity to participate was advertised also in local newspapers and many media releases about the program were circulated.

A great deal of planning, consultation and development occurred in the design and delivery of the SFF project. One benefit of this phase was the strengthening of the focus on rural and remote farming family health. This provided an opportunity to address the broader issues of health and wellbeing. By involving the family unit (usually husband and wife or parent and older child) the project was able to address health, safety and wellbeing issues suffered by both men and women and family members.

In developing the SFF project, theories and principles were used to inform and formulate its innovative approach. The development of the education program had to be appropriate for rural and remote men and women who have differing levels of education and comprehension. Azjen and Fishbein's (1980), theory of "reasoned action and planned behaviour" guides the learning experienced by participants in the SFF. Azjen and Fishbein's theory suggests that behaviour changes occur through;

- the sharing of values and beliefs about the health of the farming peer group;
- a common commitment to individual physical and knowledge assessment;
- sharing with their peers how best to influence health outcomes; and
- better understanding of the consequences of poor health and safety behaviour of farming families.

The complexity of the issues to be addressed in this program, and the relevance of drawing on several intersecting theoretical perspectives, was considerable. The contributions of the various partners, the access to health, research, industry and educational expertise, were all essential contributions towards the construction of a program that would engage the participants, provide appropriate frameworks for learning, real change in practices, and the collection of relevant research data.

This approach to learning is appropriate for farming families learning together as it allows particular focus on issues such as farm health and safety, the role of good farm practices and the effects on the farming family unit. This process has allowed participants to use the experience and support of their peers to make informed choices and identify behaviours that affect farming family health.

The training and delivery model was based on Kolb's (1984) adult learning model which allows participants to follow a systematic approach to identify and comprehend new information. Kolb's model is based on the understanding that adults learn best when they reflect on their own experiences, acquire new concepts, and actively experiment with new ways of working, which become part of their experience base. This model is supported with videos, graphs, statistics, and reflection on one's own practice.

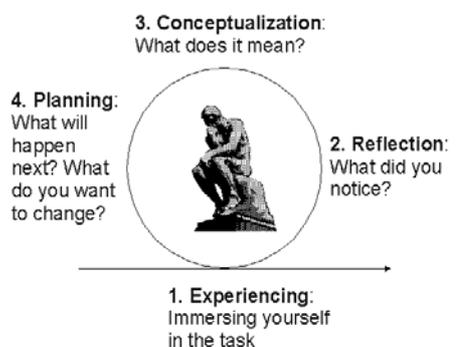


Figure 2: Kolb's (1984) Adult Learning Model

In this adult learning process, the relationship with the leaders of the learning process is important. It has been an important strength of the SFF project that the delivery team has included male and female health professionals with expertise in women's and men's rural health. The project leaders have remained committed to the project throughout its life, thus offering continued support to participants and building trust that has enabled ongoing learning for all participants. Support from the facilitators and key collaborative partners have also assisted in providing continuous support for participants.

The SFF workshop has been evaluated using Kirkpatrick's (1998) training evaluation framework. This approach to evaluation includes four levels and is carried out over two years:

- Positive experience - evaluate reaction of participants;
- Conceptual understanding - evaluate learning of participants;
- Can the learning's make a difference - evaluate behaviours of participants; and
- Demonstrable outcomes - evaluate results of the workshop.

Rogers' (1983) research on the diffusion of innovation has also helped to understand how new ideas and practices are adopted in groups. His work, which included adoption of innovation among farming communities, defines diffusion as 'the process by which innovation is communicated through certain channels over time by members of a social system'. The SFF project involved a number of key groups to assist in the early adoption of the health and safety practices advocated in the program. (e.g. the NT Cattlemen's Association). Importantly farmers who have participated in this SFF program and still meet to discuss agricultural matters, now includes health, wellbeing and safety on the agenda. Early adopters were targeted to refine the workshop approach, identify issues and engage in a collaboration which could

extend across the two year approach of the health and wellbeing program. As discussed later in this report, the results suggest that participants think first about their own health, that of their family and then their agricultural business in following through on the impact of the SFF Reaching the Remote program.

Data Gathering Methods

From the outset, a variety of data were important in this project. These included both physical health data, as well as self-reported perceptions of health status and of social and family context. Other data related to the learning process itself, and the different methods which were employed in the program. Data gathering methodologies that were utilised within the initial project were again incorporated into the Reaching the Remote project.

The evidence from the earlier SFF project demonstrates that the motivation of a farm family to adopt healthy living and safe farming practices is a function of their understanding of the consequences on their business success of not adopting healthy living and safe OH&S practices. Through focus group discussions with farmers we explored the similarities and differences within and between agricultural and other industries comparing farming family health, safety and wellbeing. This involved the initial two-day workshops in year one with farmers and again a one and a half day workshop in year two. We collected qualitative data and case studies from the facilitators in the remote areas and used their knowledge as a part of the Reaching the Remote workshop program, to understand farming family health, safety and wellbeing issues impacting on them.

Demographic and Health Information

All participants were assigned a SFF identifier number, which allowed for all information to remain anonymous. Prior to the commencement of the workshop demographic information including age, gender, ethnic background, health conditions and health behaviours were collected using the Victorian Department of Human Service Coordination Tools (see Appendix 5,6,&7). These tools draw from the health promotion literature and practice reviews, as well as incorporating key consumer information including social, psychological, medical and physical data useful in determining risk and trigger referrals and the need for further assessment. A copy of the service coordination tools is available at website <http://www.dhs.vic.gov.au/health/pcps/coordination/sctt2006.htm>.

Sustainable Farm Families Workshops

This was the centrepiece of the SFF – Reaching the Remote program. At the commencement of the program, a two-day workshop was conducted, followed by another one and half day workshop approximately 12 months later. The workshops were clearly significant interventions in themselves, but they also served as key markers in the collection of other data on the participating families and their circumstances.



Participants at the Reaching the Remote Workshop

Workshops were used to enlighten farm men and women about the factors that affect farm family health, health and safety and farming business. They served also as an opportunity to undertake the initial health

assessment and to monitor health status over time. A variety of aids were used, including table group discussions, video, medical models, supermarket tours, virtual supermarket tours and label reading, medical equipment, PowerPoint presentations, specific health promotion literature and the developed SFF participant manual. These workshops were evaluated using Kirkpatrick's (1998) evaluation methods. A copy of the evaluation questionnaires is located in Appendix 10.

Health Assessments

The physical health assessment process involved the assessment and collation of physical data derived from each participant in the project. Information and biometric measurements were collated in a private and confidential format. Each participant had numerous measurements assessed as per guidelines from the NHMRC for indicators such as fasting cholesterol and blood glucose, weight for height, body mass index, waist hip ratios, blood pressure and pulse. Following interpretation of these readings and with reference to ethical guidelines and standards for acceptable results, individuals were referred for relevant further assessment or intervention. Individuals also underwent a one-on-one physical assessment in which a discussion of their initial assessment was given along with further evaluation of other physical and social indicators. The collation of this data was stored under privacy legislation in a completed health record safely stored by the lead agency.

Focus Groups

Focus groups were used throughout the workshops across the two years to assist the participating families to identify farm family health issues. As this project is as much about consciousness raising as about understanding the relationship between farm family health, farm related accidents and farm sustainability, focus groups were an important vehicle for eliciting information and developing understanding. Responses from focus groups were collated and then analysis undertaken.



Participating farmers working in table groups as part of focus group reflection

Farm Safety Surveys

These surveys collected information about farming practice, use of sunscreen, personal protective equipment, roll-over protection, power take-off guards on tractors, first aid qualifications and use of helmets. They also recorded any self-reported farm injury that had occurred over the previous 12 months.

Following discussions with Professor Lyn Fragar from the Australian Centre for Agriculture Health and Safety we have adapted our survey research to be consistent with the Farm Injury Optimal Dataset Version 1.2 collecting data in line with current research already undertaken by the National Farm Injury Data Centre.

Pre and Post Knowledge Surveys

Knowledge surveys (appendix 9) were given to participants at the commencement of each workshop and were a mixture of recognition questions (multi choice), true/false and short answer recall questions (David Kay Workplace Assessment 2002). Testing the change in knowledge of the participants was assessed by fitting a generalised linear model with Binomial distribution and logit link. Where this method failed to predict a result (converge), Fisher's exact test was then used. All statistical analyses were performed using GenStat (GenStat Committee 2003 'GenStat® Release 7.1. VSN International Ltd: Oxford). This analysis

was performed by an independent biometrician working with the Department of Primary Industries Pastoral and Veterinary Institute at Hamilton, Victoria.

Table 1 provides a summary of the data gathering schedule over the life of the project. This includes a listing of the surveys, the physical assessments, and supplementary activities such as the action plans and focus groups. The information from all of these sources has been recorded and used in the preparation of this report.

Sustainable Farm Families Methodological Tools	Year 1	Year 2
1. SFF workshop education	2 days	1.5 days
2. Health assessment	✓	✓
3. Demographics	✓	✓
4. Health conditions and behaviours	✓	✓
5. Kessler K 10		✓
6. Farm Safety Survey	✓	✓
7. Pre Knowledge Questionnaire	✓	✓
8. Post Knowledge Questionnaire	✓	✓
9. Workshop Evaluation	✓	✓
10. Participant Action Planning	✓	✓
11. Action Plan Achievement		✓
12. Business Decisions Survey		✓
13. Diabetes Risk Assessment Survey		✓
14. Focus Groups	✓	✓

Table 1 Table of methods used throughout the program - survey, assessment and action plans undertaken

Participant Action Planning

Within a period of 6 weeks of completing the SFF Reaching the Remote workshop actions plan templates were sent to all participants requesting information on areas that participants would like to address, the method of how they were going to address this and how they would report back on this the following year. The choices for actions were analysed according to theme at the conclusion of the program. At the following year workshop after the health assessment had been undertaken all participants rated themselves according to the SFF action plan scale, a behaviourally-anchored scale developed specifically for this project was used. These results were documented in the health records and also analysed using SPSS to identify how participants had changed over the life of the program.

Workshop Evaluation

Following each workshop session participants were requested to complete an evaluation form to assess the session activity and their satisfaction with the program. This required reflection on the information provided, learning techniques, the degree of active learning, assessment of the resource kit, and the application of learning to their life and farm. A four point likert scale was used (anchored at strongly agree, agree, disagree and strongly disagree), together with the opportunity for open comments. Feedback on the venue, food and information dissemination was also gathered (see the Evaluation form at Appendix 10).



Participants completing workshop evaluations.

Impact Evaluation

This included undertaking pre and post knowledge questionnaire and changes in individual behaviour and intentions through the action planning process. An example for both men and women is included in the pre and post questionnaire and also the participant action planning (Appendix 11).

Outcome Evaluation

This measured the longer term effects of the project and the changes in health indicators, knowledge and behaviours particularly. It addressed questions such as: have the number of overweight people decreased? Was there a change in the number of participants with high total cholesterol? Were the changes maintained over the life of the SFF project? Were more people wearing personal protective equipment following participating in the project? Basically it asks the question “did the SFF Reaching the Remote work?” This sequence of intended outcomes is illustrated in Table 2.

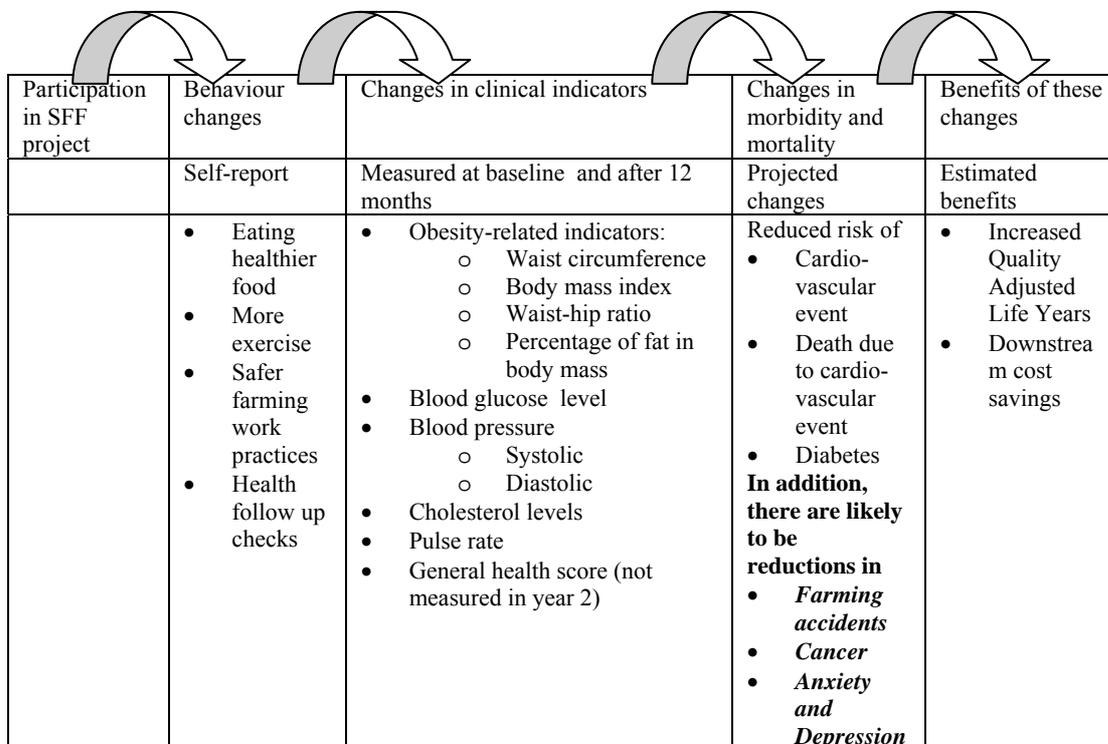


Figure 3: Sequence of intended outcomes from the SFF project (Source: Boymal et al .2007)

4. Objective 1: The Design and Delivery of the Sustainable Farm Families Program

Development and recruitment

The development of the reaching the remote project was built on the success of the initial broadacre project funded by RIRDC Joint Venture for Farm Safety which was completed in 2006. The expansion to the Reaching the Remote project saw the collaboration with health agencies and industry bodies to assist in the facilitation and subsequent rollout over the selected remote regions.

As was apparent with the success of the SFF project in the broadacre industry the expansion into other agricultural industries and areas would depend on broadening the partnership. There would also need to be a continuing focus on adult learning principles in training program design and evaluation. The philosophical underpinning of the members in the partnership was to develop a program that would best suit the needs of remote farming families, whilst not detracting from the original frameworks and processes in the SFF project.

Recruitment of participants was coordinated through local facilitators employed by WDHS. This was one of the main reasons for the success of the program in the remote regions.

The Facilitators and their role

The position for facilitators was advertised in ARIA 4 & 5 via newspapers and word of mouth. This process assisted us in the employing of two facilitators, Ms. Jodi McLean (NSW) and Ms. Dale Rooney (WA). The NT and QLD facilitators were also recommended by health and industry contacts. Once the facilitators were employed they were contracted to undertake certain tasks to ensure the success of the program.

All facilitators attended a SFF training program in July 2006, to gain a full understanding of the program and structure. The training gave the facilitators the tools to return home and start recruitment and liaising with local industry bodies and report back to WDHS on their progress.

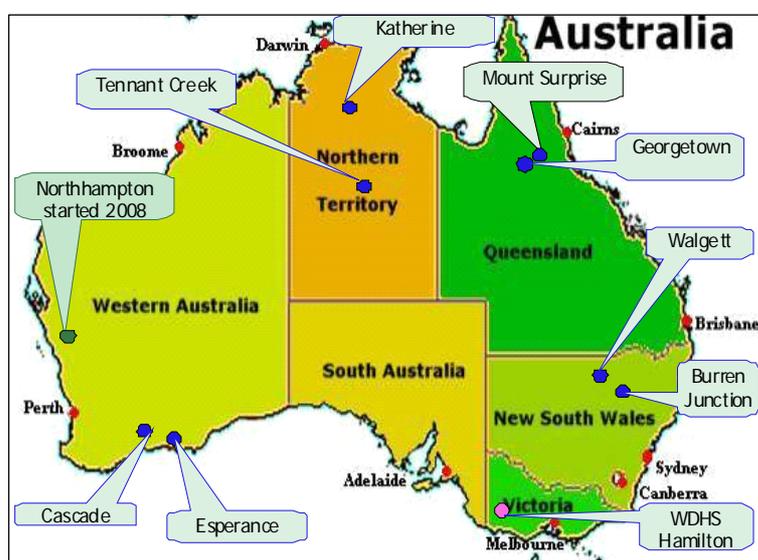


Figure 4: Location of Reaching the Remote sites

Northern Territory

Katherine

The local facilitator for the Katherine region was Ms. Sara Potter a remote nurse currently on maternity leave. Contact was made through the local Dept of Primary Industries, Fisheries and Mining (DPIFM), Roper River Landcare, VRD Landcare (VRDCA), NT Cattleman's Assoc.(NTCA), Women in Agriculture, NT Agricultural Assoc. email list and Consolidated Pastoral Company email list . Media releases were

placed in the local papers such as the Katherine Times and School of the Air newsletter. Email sent out through Isolated Children's and Parents Assoc NT group email, NT Agricultural Assoc. group email, DPIFM - Rural Review flyer and presentations given to the NTCA, Victoria River Downs Conservation Group, Katherine West Health Board and the Centre for Remote Health September 2006. A radio interview was also undertaken with the ABC Country hour.

It was decided that the program would be best run on the 12th and 13th of November, due to seasonal timing and schooling requirements. To assist with the distances travelled (350 kilometres one way) 1 nights accommodation was provided in Katherine for participants. Sara's aim was to recruit a minimum of 15 participants, maximum of 26.

Tennant Creek

The local facilitator for the Tennant Creek region was Ms. Helen Kempe, the executive officer of DPIFM Tennant Creek. Helen has worked and lived in the region all her life and has been involved with pastoral industry. Helen contacted the NT Cattleman's Association Barkly Branch, Australian Agriculture Company and the CWA Tennant Creek Branch. She produced media releases in the local papers such as the Tennant and District Times NQR (North QLD Register), QLD Country Life Barkly Landcare Association NQR (North QLD Register), Barkly Telegraph (local - monthly) and gave presentations to the CWA Tennant Creek branch. She attended the Rockhampton Downs Field Day 11/10/2006 and handed out plain language statements and consents. She also did personal visits to Barkly Homestead, Soudan Station, Avon Downs,, attended the Camooweal QLD/NT border local campdraft/rodeo and did a radio interview for the ABC Country Hour.

It was decided that the program would be best run on the 15th – 16th November, due to seasonal timing, school etc. It was also decided as with the Katherine program that due to the distances travelled as an incentive 1 nights accommodation was provided in Tennant Creek for participants. Helen's aim was to recruit a minimum of 15 participants, maximum of 20.

Queensland

Georgetown and Mt Surprise

The local facilitator for Georgetown and Mt Surprise was Ms. Anna Burley a registered nurse working for Savannah Regional Health under Frontier Services. Anna is a primary health care nurse based in Georgetown for the Etheridge and Croydon Shires. Anna contacted and gave presentations to the the Gulf Savannah Development Corporation, Queensland Health, Etheridge Shire Council, Georgetown Progress Association and Northern Gulf Resources. Local members of Parliament were also contacted Bob Katter and Shane Knuth, CEO of local Shires – Croydon and Etheridge, Royal Flying Doctor Services – Senior Medical Officer and Senior Flight Nurse. Media releases were placed in the local papers and newsletters, including - Qld Country Life, North Qld Register, The Tablelander, The Advertiser, The Cairns Post and the local Newsletters including –, Georgetown and Mt Surprise School newsletters, Frontier Service Newsletter, Queensland Government Agent Program (QGAP), the NQ Remote Area Families Service (RAFS) insert and mailed out an information pack to potential participants. She also did a radio interview for ABC Cairns 22nd September 2006.

Anna's aim was to recruit a minimum of 30 participants for Queensland. Anna chose to run two workshops one in Georgetown and one in Mt Surprise with the aim of a minimum of 15 at each. Anna chose these two towns as they were in her region for health services and she had contacts in the community.

New South Wales

Walgett and Burren Junction

The local facilitator for Walgett and Burren Junction was Ms. Jodi McLean an agricultural business consultant. Jodi contacted the Country Women's Association (CWA), NSW Farmers Association, Walgett Special One Cooperative (WSOC), Cotton Growers Association (CGA), past SFF participants of the Wee Waa workshop, Walgett Preschool and Long Day Care Centre, Hon. John Anderson – National Party, NSW Department of Primary Industries (NSWDPI), Namoi Catchment Management Authority (Namoi CMA), Local Business Houses, WINCOTT (Women in Cotton), Grain Research and Development Corporation (GRDC), Cotton Research and Development Corporation CRDC, NSW Rural Women's Network, Walgett

Aboriginal Medical Service (WAMS), Greater Western Area Health Service, Toastmasters International (Narrabri & Wee Waa), local church groups and Walgett Shire Council Community Liaison Officers.

Media releases were placed in the local papers and newsletters such as North West Magazine, Walgett Spectator, The Black Opal Advocate, Wincott Magazine, the Rural Women's Network Monthly email and CWA newsletters. She gave presentations and information sessions for the general community and mailed out information packs to potential participants in the area. She also did radio interviews for the ABC Country Hour and 2WEB Outback Radio.

Jodi's aim was to recruit a minimum of 30 participants for New South Wales. She selected to run two workshops one in Walgett and one in Burren Junction with the aim of a minimum of 15 at each. She chose Burren Junction as a second location assuming it would be closer for farmers to travel and would allow better access to the SFF Reaching the Remote program.



Accommodation at Burren Junction

Western Australia Esperance and Cascade

The local facilitator for Esperance and Cascade was Ms. Dale Rooney, who has a Bachelor of Social Science in Community Studies with a minor in health promotion, has lived on farms around Esperance and her partner is an experienced farmer. Dale contacted industry groups such as CWA, Women in Agriculture (RAIN), Salmon Gums Sloggers, Ravy Ag Initiatives Network, Western Australian Farmer Federation and local schools. She produced media releases in the local papers and newsletters in the Esperance Express, Western Australian Farmers Federation, Dept of Agriculture, Ravensthorpe community newsletter and Ravensthorpe Agricultural Initiatives Network mail list. Dale gave presentations to Condingup CWA, Salmon Gums Sloggers and the WAFF AGM. Dale's aim was a minimum of 30 participants for Western Australia. She chose to run two workshops one in Esperance and originally one in an area called Ravensthorpe, but due to a lack of interest from people in the area it was decided to cancel Ravensthorpe and work on another area which was Cascade where there was strong interest. Cascade is located 100 kms North West of Esperance set amongst gum and mallee bushland. No fuel or shopping facilities are available within the Cascade town site with the closest town south 30km to Munglipup.

Local facilitators and health professionals from across Australia Aug. 2006 for Reaching the Remote



Process and Procedures

This groundwork was essential to the success of the Reaching the Remote project, providing a strong foundation for a collaborative approach which brought together differing agricultural industries and health services to improve the health of farming populations. Early responses were that recruitment was enhanced as participants received a full 30-minute physical assessment within the program. This was reinforced when participants were asked why they came along to the first session and the majority answered that the physical assessment was a major reason for them attending the program.

Ethics approval was obtained from the South West Health Care Ethics Committee and granted as an extension to the initial broadacre project and continued with the following recommendations. The Committee stipulated that a referral be made for all participants with fasting cholesterol levels greater than 5.5 mmols to their general practitioner and to use the Heart Foundation's (2002) minimal requirements for exercise. The formation of a health record for each participant with the safe storage of these records was also recommended by the Committee. These records are stored securely at the WDHS in Hamilton. All participants provided a signed consent form which is kept with their medical record.

Reasons for Participating

At the start of the program, the farmers were asked a number of questions:

- Why were they participating?
- What did they believe were the primary health issues for farming families?
- What were farm families' attitudes to health? and
- Where did they access health information?

Their reasons for participating can be grouped into five categories:

- a) Support the program due to limited access of such programs in their area
- b) The opportunity to learn about their health to pass the knowledge onto other family members;
- c) A broader concern and interest for farmer health;
- d) Family and farming industry group encouragement to participate; and
- e) Motivation for a 'wake up' call due to a family history of premature death or illness

These results were not inconsistent with the initial broadacre project although differed in priority.

The opportunity to attend such a program is limited in the remote areas, so participants felt that they should support such an opportunity especially in the health area. Commitment to the local area health services and the individuals who run them was also a key contributing factor to their attendance. Farmers recognised it was important to understand their current health status and agreed that follow up contact with their health

professional might be required. They also felt the complexity and delays in accessing health services (in rural remote areas in particular) created apathy or indifference in having regular health checks. The common trend related to access to health services appeared to have no border issues and participants highlighted that access was significantly affected in rural and remote areas. In all the remote locations it was highly regarded that a male nurse was available to them at the workshops.



Providing healthy and good tasting food were an important aspect to the Reaching the Remote program and learnings.

Participants reported that it was important for them to learn about their own health status. Managing stress was a recurring theme and was cited often as a reason for participating in the program. They were keen to be part of a project which would run over several years, which would enable them to learn about health and to begin to make a difference in their family health status. Reaching the remote participants recognised the issues related to the area in which they live and in particular the issues surrounding continuous outdoor work and the extremes of heat exposure. In particular, issues relating to climatic conditions was highlighted and we were privy to this experiencing the difficulties surrounding extreme heat, drought and floods limiting access.

The family had a large influence on attendance, with a number of participants identifying a family member, such as a partner or parent, as coercing them to attend. Other participants reported that concern for the future health of their family was an important factor in their decision to participate. Couples also felt that the activity was a worthwhile way to spend time together away from the farm. Participants also mentioned the facilitator as being a key motivator for their attendance.

The common influence of women on the farm in order to recruit and influence male partners to attend the program was replicated in the remote program. Men enjoyed the program and became more conversant and passionate throughout the sessions.

The Learning Process for Program Deliverers

The program designers (Brumby and Willder) are registered nurses with Masters in Health Management and Nursing respectively and Certificate IV Workplace Training and Assessment qualifications. Working with LaTrobe's Centre for Sustainable Regional Communities, the WDHS developed the theoretical bases for the SFF program.

Using Kolb's experiential theory of adult learning, each workshop topic was introduced by using his iterative learning cycle. Kolb identified the following phases in a cycle of adult learning:

- *Reflection and discussion* - what do I think about the issue?
- *Conceptualisation and adding the facts* - What do these facts mean to my family, my farm business and me?
- *Actions* - What will I decide to do with this new information?
- *Personal experiences* - How does this become part of my personal experience?

For example, in the workshop on cardio-vascular disease, the participants are asked to address the following questions in small groups:

What do you believe are the major causes of heart disease?
How has heart disease affected you, your family and friends?
How do you feel about the treatment of heart disease?
What can you and your family do with this new information?

In the action planning part of the workshop, program participants are invited to identify strategies that they could adopt to prevent themselves succumbing to the disease.

Using the key learnings from the initial broadacre project the education process was revisited and evaluated using feedback and session evaluations to improve the delivery within the Reaching the Remote Program. With the support of the facilitators changes were made to the presentations in relation to using local area health statistics, cancer data, key health issues and local health concerns.



Participants completing pre and post knowledge questionnaires

Recruitment of participants was coordinated by the local facilitators with support of WDHS. Total numbers and recruitment strategies were influenced by climatic and adverse conditions such as slippery wet black clay roads and fires. Initial recruitment saw the influence of a major drought across the majority of Australia in the first year. Despite this recruitment numbers were achieved. The second year of research continued to see the effect of drought and significant water issues relating to farming enterprise. With a 71% return rate overall, individual sites varied depending on what was influencing that area at the time.

Developing a comprehensive learning program also took into consideration the level of language to be used and the challenge of catering for different modes of learning including videos, tactile touch for anatomical models, assimilation with day to day analogies and the use of picture and reference material. Table group discussions were an important part of the education process with all participants being seated in groupings of four to five. These 'table groups' were asked to consider questions throughout each session as a group. This process allowed time for reflection, sharing, learning from others and reinforcement of key learnings relevant to the family and individual. This process followed the adult learning model proposed by Kolb. Throughout the program participants were encouraged also to reflect on their learning and to develop a personal action plan using learning logs and personal diary entries to monitor their performance.

Practical issues such as choosing a venue and setting dates also became a challenge, because of factors such as seasonal pressures, room requirements and the need to have close proximity to a supermarket or if no supermarket, the development of a virtual supermarket. These issues were reviewed constantly in the first year, and again in planning for subsequent second year dates for programs. Specific factors which arose from the design of this program included:

- the venue and ease of access;
- breakfast provision and suitable facilities;
- childcare and transportation to and from school;

- ability to set room up in café style;
- air conditioning;
- comfort of venue;
- other community events in progress;
- demands of the farm' time;
- ease of access for travelling from long distances i.e. central location;
- accommodation for participants travelling long distances;
- access to supermarket in walking distance of venue; or if no supermarket develop a virtual supermarket tour and
- availability of break out rooms and rooms for private physical assessments.

Running this program in remote Australia highlighted some of the difficulties in terms of facilities to run such programs. Facilities used included motel conference rooms, community facilities (e.g. CWA Hall, , sporting clubs, local government offices) industry accommodation, conference rooms and the like.

Program Design

The success of the first workshop was clearly very important, as it would set the tone for marketing subsequent programs. As a two day commitment, it asked for a substantial investment of time by the farmers.

The program design was intended to address the issues of participant motivation as well as delivering appropriate health education and data collection. At the outset of each program the facilitators and SFF team leaders had to ensure all the appropriate paperwork had been returned by participants. Participants were provided with a unique four digit identification code. The initial reception involved allocation of relevant paperwork and allocating a code to de-identify the participant. Personal health records were kept in a WDHS medical record subject to the normal conventions for privacy and confidentiality.

Participants were taken individually for a brief physical assessment where standard measurements and blood sampling were captured and noted in the participant's health record. Participants were then given a brief interpretation of their results and a booking for a full 30 minute assessment was made so as to complete the physical assessment in private, typically at the end of the first day of the workshop. Following the initial assessment all participants were offered breakfast and given the opportunity to complete the pre-workshop knowledge questionnaire (see appendix 9).

The first session was a structured focus group session where they were asked to reflect on the reason they were here and what they hoped to get out of the program. Data was collected at this point in the way of comments and reflective thoughts of participants to aid in the collation of data on the motivation of farming families to attend to family health issues. This served also as the 'ice breaker', leading into the more formal educative sessions which constituted the major part of the workshop. These are detailed below.



Focus group session year one



Breakfast after the physical assessment

State of Rural Health

The 'State of Rural Health' is the first topic opening up discussion on the relative health status of remote and metropolitan populations. Table group discussions aided in the reflection and review of what participants think is the state of remote health. At times this session is a little confronting, as many participants believe they have a better health status than metropolitan populations. However, many issues such as access, long working hours, cultural factors and poor physical resources emerged in the table group discussions. This session is a very good beginning to the workshop program as it generates educational and thought provoking discussions that participants had not expected. The most recent health statistics from each region and state is incorporated into each program and the use of this local area information relating to morbidity and mortality within their own regions. There was in some locations a lack of data to support the local remote population's health conversely in some areas recent newspaper articles added to the discussion with the Walgett Shire having some of the worst health outcomes statistics in Australia. .

Cardiovascular Disease "Getting to the heart of things"

This session is designed to give participants the facts regarding one of the biggest killers of men and women in Australia. The session design gives the participants an initial opportunity to share what they know about heart disease, and then to discuss this more fully in their table groups, after they have been presented with the facts. Video support is used, and models are shared to support the delivery of content highlighting the biology, prevention and treatment phases of heart disease. Each session always concluded with participants considering questions about what this means for themselves, their families and their agricultural business? Once again local area health statistics (where available) relating to cardiovascular disease were incorporated into this session to aid in the focus on local data and health indicators.

Cancer "You can beat it"

This session begins with reflection on what the participants currently understand about the cause of cancer followed by a presentation on current research and its implications, especially as it relates to farming families. Once again videos, graphic displays and education materials are used to support the learning. Participants are encouraged to document relevant issues in their Resource Manual and reflect on these within their table groups. Local, regional and national health statistics are used to promote discussion about the variability and incidence of in cancer.



Looking down a Colonoscope as part of the "Cancer –You Can Beat It" session

Farm Health and Safety "Where you live and play"

This session discusses the risks and attitudes associated with farm life and the hazards encountered on many family farms. It explores the responsibility that this implies for farmers as employers and the responsibility of employees. This session is very confronting with pictures of people with serious injuries on farms. It is scheduled late on the first day to allow time for the participants to gain confidence in the presenters before they are asked to tackle the safety issues of real concern on their farm.

This session uses pictures of people who have suffered injuries on farms and the impact that this has on children and family members. Focus is made on local industries and the common injuries suffered within their workplace. Table group discussion is intense and this session provides a real awakening for many

farming family units. Each session concludes, again, with questions about what it means for them, their family (and in this case employees and visitors) and for their farm. How can farm accidents and injury be prevented? If they occur, how do you, or would you, access rehabilitation and what is reasonable compensation?

Gender Benders

The gender benders topics were an integral part of the program with a particular focus on the issues in health that relate to each sex. Men and women are different and the gender sessions were delivered in single sex sessions, purposefully to aid the facilitation of the education process. The discussion of topics within these sessions aimed to inform and empower individuals to become more aware of health issues that affect their gender, in an environment that was less threatening than it would have been if discussed in front of the other sex.



Women using models to assess changes in breast tissue

Women's Session

The focus within the female session included:

- Breast health and the issues relating to breast cancer detection and treatment;
- Continence and the health of the pelvic floor and urinary system;
- The role of preventative screening for cervical cancer through PAP smears; and
- Menopause including discussion on attitudes toward same.

Men's Session

The focus within the men's session included:

- "The problem with men" (video) and why men consistently suffer poor health outcomes;
- Prostate problems including prostatitis, benign prostatic hypertrophy and prostate cancer; and
- Erectile dysfunction, incidence, treatment and prevention.

These sessions were swapped for the other sex within the structure of the second year workshop.

Nutrition and Diet

Nutrition and diet was incorporated into the year one program because it has such a prominent impact in the other disease processes such as heart disease and cancers. The focus on nutrition was to develop capacity amongst participants to understand the facts about diet and nutrition. Participants were informed about the recommended nutrition levels of fat and fibre within the diet along with information about food claims and the use of these in marketing food products.



Food label reading and part of the supermarket tours

Participants were taken to a supermarket and asked to assess the nutritional value of the common food products they consumed within their home setting. This process allowed for practical education on the value of food products and the possibility of education relating to a better choice or products.

In the remote situation of Mt Surprise, Burren Junction and Cascade there were no Supermarkets to do a tour so a virtual supermarket tour was developed and the facilitators were asked to provide us with some packaging to assist with the process. The education process was interesting as many participants would pre purchase their food in bulk orders and pick up on a monthly to six week basis. The ability to chose the type of food was also limited to a set range and access to fresh produce was often limited to seasonal and delivery factors.

Stress and Relaxation

The topic of stress and stress management focuses on the common issues relating to daily farming activity and the stressors that influence farming family lives. The aim of this session was to highlight the issues relating to stress and how we can better identify and manage this in our lives. The session particularly focuses on signs and symptoms frequently experienced when suffering from stress and how the body exhibits these symptoms.

Practical exercises included a deep breathing exercise and a short meditation. These are performed by all participants and other strategies that might assist in the early recognition and management of stress are also discussed (for example physical activity, planned holidays).



Practicing the breathing and then meditation exercises as part of the Stress session

Action Planning

The action planning process was one of the most important parts of the program and a session introducing this completed the first year of the program. Throughout the first two days, there was frequent opportunity for reflection on the topics that were presented, and on how these related to the participants' family business. This reflection process encouraged participants to identify ways and means by which the new information could be used to improve the health of the individual, family or farm. During the final session of the first year workshop, participants were encouraged to think about the information presented and to choose three actions related to this information that they would like to address over the next twelve months.

All participants are sent a reminder form six weeks following the two day program. They were asked to complete the form, outlining their 'action plan', and to return it to WDHS as it forms part of their health

record. . At the start of the second workshop, approximately twelve months later, the action plans were revisited and participants were required to present to the group their actions and a rating of how they went in achieving these actions. The return rates for these varied in each area due to access to mail and technology. Local facilitators assisted in the return rates by contacting each individual and offering to assist these action plans over the phone and via fax machines where available.

The Participant Resource Manual

A resource manual was developed by a working group with expertise in adult learning, health promotion, social science, rural health and farming expertise. The resource manuals were presented in 2 ring A4 folders, tabbed, indexed, with a small number of colour plates and references and offered a simple means of adding additional information if required.

Resource Manual Chapters	Covered Year 1	Covered Year 2
Introduction	✓	
1. Rural Health	✓	
2. Getting to the heart of things	✓	
3. Cancer	✓	
4. Farm Health and Safety	✓	
5. You are what you eat (Diet and Nutrition)	✓	
6. Stress Less	✓	
7. *Men’s Health	✓	✓
8. *Women’s Health	✓	✓
9. Mental Health		✓
10. Diabetes & Physical Activity		✓

Table 2: Chapters used in the program

* when gender sessions swapped

During each workshop, an evaluation was undertaken of each session as well as the program overall to identify areas of improvement (Appendix 10). This evaluation process has continued throughout the life of the program and adjustments have been made to subsequent programs. The final version of the Manual from the SFF program was the foundation for the SFF – Reaching the Remote program.

Additional information from the Cancer Council, Worksafe, Primary Mental Health Team, National Heart Foundation, National Continence Foundation, Papscreen and Breastscreen was provided in the manual.

Each chapter followed the format of:

- A. Introduction to topic
- B. The facts
- C. Taking control

In addition, each chapter included sections where participants could write their thoughts and make notes on their assessment about their own risks, opportunities for change and action planning. The chapters were formatted following the workshop program with active learning logs throughout the manual and also included references and resource at the end.

For example, the chapter on ‘cancer’ had the following sections:

A. Introduction to topic and discussion.

In your table groups, discuss the following questions:

What do you believe are the major cancers affecting males and females in rural Australia? Write it in your resource kit.

B. The facts: Information about risk factors, types of commonly occurring cancers in rural populations

C. Taking control:

In your table groups, discuss:

In what ways in which farming families can reduce the risk factors for cancer?

Write in your resource kit.

For your own reference identify your specific risks and way you can address or prevent them.

One-on-one physical assessment

One of the most successful facets of the project, and the most influential in gaining attendance, was the physical assessment process undertaken by all participants with a nurse educator. Further exploration of this through focus group discussions found that a similar proportion of individuals felt that a full and detailed physical assessment was one thing that was difficult to access in their remote environment. The rationale for the one-on-one during the SFF program is that knowing and understanding your relevant risks empowers people to change lifestyle, risk behaviours, seek treatment and intervention. Participants felt quite empowered from this one on one assessment process and was one of the key areas which promoted the retention within many of the programs.

The physical assessment process began with an initial screening of participants on their arrival; they had been asked to fast for a minimum of ten hours to aid in the accuracy of the testing procedures. All the physical assessment testing equipment was internally quality tested with regular control testing and calibration procedures undertaken prior to each workshop. All participants were also remeasured each year with the same equipment to limit measurement inaccuracies. The initial screening included the following privately recorded tests:

- Fasting total cholesterol and blood sugar using Accutrend and Medisense calibrated meters;
- Weight and height measurement;
- Body mass index;
- Body fat percentage using hand held Omron Bodylogic meters;
- Blood pressure and pulse; and
- Waist and hip measurement using National Heart Foundation measurement guidelines.

This was a confidential process. The results were recorded in the participant's health record, and in the participant's resource manual for their own reference. Although confidential, most participants would openly share this data with their table group and friends.

The second step involved a full 30-minute physical assessment on the afternoon of the first day. Bookings were made prior to their breakfast on day one.

Specific topics and discussions undertaken in this assessment process included:

- Evaluation and discussion of initial physical assessment results;
- Allergies and current medications;
- Familial history and incidence of disease;
- Neurological assessment;
- Skin assessment;
- Cardiovascular assessment;

- Respiratory assessment;
- Gastrointestinal assessment and risk for upper and lower GI disorders;
- Urological assessment for relevant risk and disorders;
- Sexual history and assessment for disorders; and
- Social history.

The 30-minute assessment was undertaken in a private room and findings were recorded in the health record collated for each participant. Extensive discussions with each participant were made regarding the results and any need that might have arisen for referral to other allied and medical practitioners. Under ethical guidelines a full referral was made using relevant documented health information to participants chosen general practitioners or designated health professional. All participants who required referral for health indicators outside the ethically approved levels were sent a copy of the referral letter to reinforce the need for follow-up and to empower individuals to address the health indicator with relevant health professionals.



Participant undergoing the initial physical assessment

Year Two Program

The second workshop (held approximately twelve months after the first) was designed as a one and a half day workshop that would gather more health measurements, reinforce the health learnings from the first workshop, and introduce new information adding to the emphasis on personal responsibility for action. As with the first workshop program, it began with a repeat of the fasting blood tests and the initial physical assessment. Again, these readings were recorded in both the participants' medical record and in their resource manual. A repeat of the 'one - on - one' physical assessment was undertaken at the conclusion of the day.

Action Plan Reports (through focus group discussion)

Participants began the year two workshop with discussions on their learning from the program and how it has influenced their farming family lives over the past twelve months. Participants were asked to share the action plans which they had developed after the first workshop in their table groups, and then to present this to the whole group. They were asked to rate their results using a scale of achievement (Appendix 12) as follows:

5	=	Great results: way beyond my expectations
4	=	Had an impact that others could see
3	=	Moderate results
2	=	Got started for a few weeks
1	=	Thought about it
0	=	Did absolutely nothing

This part of the discussion was always interesting, as it generated humour, some poignant moments, and people were always very supportive of each other. These sessions required substantial trust amongst participants, and were an important means of reinforcing many of the key themes of the workshop. Feedback was amusing at times, and also confronting when people shared significant incidents or learning's with each other. Examples of where individuals had put into practice many of the learnings from

the Reaching the Remote program were made by individuals and this process made evident the effect of health and well being on the individual, the family and the family business.

Revisit Year One Learning's

To assist participants in refocusing their thoughts on the first workshop, held twelve months earlier, the first session revisited the learning's briefly from that first workshop. Participants were also given a brief overview of the topics covered and the key learning's that were discussed at that time.

Mental Health

Discussions and feedback from previous participants in year one indicated a particular need for information on anxiety and depression and to build on the learning's from the year one stress session. Anxiety and depression was included in the second year's workshop and with assistance from the Primary Mental Health Team based in south west Victoria an additional chapter written for the SFF resource manual. Many men and women would highlight the significant stress associated with the living alone and tyranny of distance in remote farming. Access to friends, family and socialisation opportunities were considered to contribute to the level of mental health issues and the significant level of depression that participants felt was evident in the bush.

The presentation on mental health covered the signs and symptoms experienced by people with anxiety and depression and the workshop discussed how these can influence agricultural life. Strategies for preventing and managing these issues, such as Cognitive Behaviour Therapy, were discussed with the group. Issues relating to suicide and its prevention were discussed also. Many participants remembered the significance of the stress session in first year and some had used the techniques such as meditation, deep breathing and exercise as buffers for stress over the course of the year.

Gender Topics Reversed

Following feedback from previous SFF participants, the gender specific topics were offered again in the second year. However, this time, the session on female health was presented to the men, and vice versa. These sessions were presented in the same format as in year one with a female presenter discussing female topics and a male presenting male topics. These sessions were often an eye opener for both men and women as they had little comprehension of the health issues specific to each gender. Questions flowed freely in each session as to discussion when the group returned as one. These sessions consistently rated highly.

Diabetes

The topic of diabetes is an important topic with particular relevance to farm families and the general population given the high level of spread.. With the incidence of diabetes increasing, and especially given the number of people with undiagnosed diabetes, this topic was particularly relevant to the participants. Information was provided on the signs and symptoms of diabetes, how to prevent it, and to manage it. Participants were reminded about the nutritional issues, and the importance of genetic influence in relation to this disease. This topic had a specific influence on many of the participants as they were able to evaluate their own data and link it to the risk for diabetes. This process reinforced the linkage between learned information and personal behaviours. Participants were able to view their health measures from year one and two and reveal the linkages between this information and diabetes. Following this program diabetes has now been moved into year 1as it is a significant health issue with the education session now occurring on the first day in place of cancer which has been moved into the second year.



Participants enjoying lunch

Physical Activity

Physical activity was discussed in the second year workshop to empower participants to think of ways to manage and prevent many of the lifestyle related diseases. Participants were sent a pedometer several weeks prior to the workshop and were requested to measure the amount of steps taken over a week and record this. This data was shared and discussed following the presentation on physical activity, together with a reflection on the opportunities which farming activities provide for physical activity. Particular attention was given to the value of different forms of exercise, and the benefits to the body including strength, flexibility and endurance. Discussion also occurred regarding the high level of musculoskeletal pain that farm men and women endure.



Jogging on the spot to learn about taking one's pulse and target heart rates and using the stretchy bands for resistance exercises.

Business Decision- Making

Participants were asked to complete a survey prior to the second workshop on their perceptions of the relationship between health and farming business decision-making, and the different kinds of changes that they had made to their farm management practices, as a consequence of this project. This session was an opportunity for sharing the data from these surveys, and for exploring its meaning and its implications for further action (see appendix 13).

Evaluation of the Program

Program (process) evaluation was undertaken with every workshop and the program was modified in line with this feedback. In the early workshops, key areas of modification were:

- improvement in the provision of pre-program information;
- the request for the gender topics to be made available to the other sex; and
- more information on mental health.

The participant resource manual was also evaluated following each workshop and adjusted accordingly.

Pre and Post Knowledge

The pre- and post-session questionnaire was used to evaluate the knowledge of all participants at the beginning of each workshop. Questions were asked about their basic understanding of disease processes, risk factors, rural health facts and lifestyle questions. Following the two days of workshop presentations and discussions in the first program, the participants were asked to complete the questionnaire again at the end of the workshop, to assess the gains in their level of understanding and knowledge. Modified questionnaires were repeated at the start and end of subsequent workshops in year two to assess the retention of knowledge and their pre-knowledge in relation to the new topics that were to be introduced in the specific workshop program (see appendix 9)

Steering Group Development

The SFF Steering Group continued from the previous programs with the aim of assisting in the direction and provision of support for the Reaching the Remote project. The Steering Group met on a quarterly basis and a representative from Department of Health and Ageing was invited to attend or link into the meetings via teleconference. Agendas and minutes were circulated to key members prior to meetings as well as finance reports.

Key discussion topics in the Steering Group meetings included:

- Budget analysis – (WDHS Finance Manager would attend half yearly to answer any queries regarding financial management and to deliver a financial report.)
- Program rollout
- Key results
- Recruitment
- Training and development
- Future development and linkage with other key industries
- Grant applications.

The Steering Group has been instrumental in the further development of the project into other agricultural industries throughout Australia, giving the SFF project a comprehensive, national reputation as an innovative program.

Early on in the life of the SFF the Steering Group undertook a strategic planning day. In Figure 4 success is clearly defined – farming businesses with a healthier bottom line and farmers being more able to enjoy it. The challenges to overcome are listed in the inner and outer rings, respectively. This framework continues to be a guide to the SFF project and had relevance to the SFF – Reaching the Remote project.



Figure 5: A guiding framework for the SFF project – “Taking SFF further” May 2005

Engaging Health Services

Part of Reaching the Remote project was to engage with local health services, work with nurses and develop capacity and interest in the SFF program. In each remote location key health professionals were supported and trained in the delivery and coordination of the SFF program process. These nurses were responsible for co delivery of the program and the continued support of participants following the completion of each years contact. The emphasis of the Reaching the Remote training program for local health professionals was to support local health services with ongoing future delivery options in remote areas. The difficulty with retention of health personnel was evident with a percentage of health professionals moving away, changing jobs and new staff being recruited into the training program. Locally trained health professionals as well as team leaders were at each program to ensure continued support and contingency of the programs.

Katherine

We liaised with the Katherine West Health Board, who provided us with one nurse RN Lucy Buckland. Lucy attended SFF Training in August 2006 with all the remote facilitators. She attended both Katherine and Tennant Creek workshops both years where she assisted with the physical assessments and presented topics. Peter Gazey a nurse from the Binjari Clinic in Katherine, who in year one and year two attended as an observer and in April 2008 has completed SFF training with the aim to team up with RN Sara Potter and RN Lucy Buckland extend SFF in the Katherine region. RN Peter Gazey contributed his own time.

A shared meal was held in year 1 with representatives from Centre for Remote and Rural health, DPIFM and Katherine West Health Board and in year 2 local facilitator Sara Potter organised an evening presentation outlining the Reaching the Remote program and further opportunities for Katherine Region. Attendees came from business, banks, NTCA, DPIFM, health services and counselling services.



Katherine Facilitator and young participant

Tennant Creek

Attempts were made in contacting the local health services through contacts of the DoHA with little success due to changing staff and changing roles. However, in the second year a good relationship formed with the RFDS service and following completion of the SFF workshop a tour of the RFDS GP service was made and contact made with the Rural Women's GP Service Program as well as other Allied Health staff. Participants drove over 650 kilometres one way to attend the Reaching the Remote Program in Tennant Creek.

Georgetown and Mt Surprise

The local health service was Savannah Regional Health, in which RN Anna Burley (facilitator) was employed. Frontier Services were also a key partner in the delivery of the program as were North Queensland Remote Area Families' Service (RAFS) who provided childcare to participants. RN Anna Burley supported the recruitment and retention of participants over the two years and attempts were made to recruit and train another registered nurse in the second year but difficulty in retaining this staff member in the region once again limited the opportunities here. Support from the health service was very good and we were invited to tour the local Queensland Health Service funded hospital as seen below to view current service delivery in the region. The SFF team completed a tour of the Georgetown facilities and the Einasleigh clinic during their stay in the area.



Child Care provided by RAFS



Georgetown Facilities

Walgett and Burren Junction

Local community health nurse RN Nerida Lawrence from Wee Waa (Hunter New England Health Service) attended the SFF training program in 2006 and the year one program at Burren Junction. However due to other work commitments and a change of position meant that she was unable to attend the second year of the program and was also limited in her ability to put any of her SFF training into running or leading her own program. The resources in the local rural health area meant that making the SFF program available to local rural health services was challenging. Nerida's successor, RN Donella Mitchell, attended the Burren Junction as an observer in 2007 and gained a great deal from the program and reported this back to her health service. However, she has not attended an SFF train the Trainer program. Contact was also made with the Walgett District Health Service with a RN attending day 1 in Year One, however due to short staffing and sick leave they were unable to attend the second day. The SFF team did also undertake a tour of the local health service and hospital.



SFF team with at Walgett District Health Service

Esperance & Cascade

SFF liaised with WA Country Health, through contact RN June Doyle. As a result of this we were able to train 2 staff from Esperance community health, RN Marg Carmody and Tanya Robinson, (Health Promotion Officer). RN Carmody was a key person in the recruitment of participants in that area and was involved in the Esperance program as a deliverer in both years of the program. Val Macintosh, a registered nurse and diabetic educator was also involved in the program and was trained during the program in both first and second year. In year two other health professionals were involved as observers in the WA programs including RN Jacki Ward from the Combined Universities of Western Australia, and Kylie Ryan who took over the position of Tanya Robinson as Health Promotion Officer at Esperance Health Service..

Linkages were made with the local health service for both the Esperance and Cascade programs but difficulties occurred with communication as there were three changes in Manager of the Community Health Service over the two years and two position changes for the health promotion officer. Regardless staff were supportive of the program and positive outcomes were identified through the participants and nursing and allied health staff involved.

Tours of the local health service including hospital and community health service were undertaken whilst in the region.



Cascade and Esperance sites

Conclusion

This chapter has reported on the process adopted to develop and to govern the implementation of the SFF project into the Reaching the Remote project. Comprehensive research and community consultation was undertaken to ensure that the workshop program had been designed and delivered in accord with the program objectives.

In summary, the chapter demonstrates the following key learning's and principles:

- The program has been developed through a strong partnership with key and local industry, health and community organisations. This partnership and recruitment of key expertise has been central to the effectiveness of the program and to attracting and retaining participants;
- Retention of local health professionals was an issue and a key consideration in the future delivery of programs in remote areas. The ability to engage with local communities was dependent on the local facilitator and availability and permanency of the health professionals;
- Considerable care has been taken in program design, so as to maximise the quality of the program content, and of the pedagogy with which it has been delivered; and
- A significant investment was made in data collection, both in relation to farm families' health and associated issues.

5. Objective 2 Identify and Track Farming Family Health Indicators

In total 120 people participated in the SFF – Reaching the Remote program run in eight towns in remote Australia. Programs were delivered in NT – Katherine, Tennant Creek, QLD – Georgetown, Mt Surprise, NSW – Walgett, Burren Junction, WA – Esperance & Cascade. Full sets of data are available on 86 participants who attended year 2 with a 72% retention rate. In 2008, an additional training program was held in Geraldton and a new farming program commenced in Northampton taking the number of first year participants to 138. Over the two years, a substantial amount of data has been collected on a range of personal, farm and program evaluation indicators.

The purpose of this chapter is to present the results on farm families' health indicators. This data as observed is an integral part of the program with participants regularly comparing their own data within social networks. Participants also found the de-identified presentation of group data given to each group at the conclusion of each year to be valuable in assessing a snapshot picture of their collective health.

Retention Rates for the Reaching the Remote Program

One of the remarkable aspects of the Reaching the Remote project has been the relatively high retention of participants (72%), despite fire and floods and their willing response to surveys and other forms of data collection between the annual workshops.

Project demands were high, and participants were required to give up a total of four full days, plus travel time, and to complete a number of surveys between workshops. Apart from the perceived value of the program itself, retention was supported by the active role which the local facilitators and WDHS played in contacting participants to follow up on missing information, and in providing information through Newsletters and the SFF website (www.sustainablefarmfamilies.org.au).



Group returning for the second year.

Health of farm families

The participants came from primarily pastoral (grazing cattle and sheep) and cropping enterprises, some of which had a combination of farming interests making up the family business. Farm survey data was used to form an overall picture of the characteristics of the participants as seen in Figure 6.

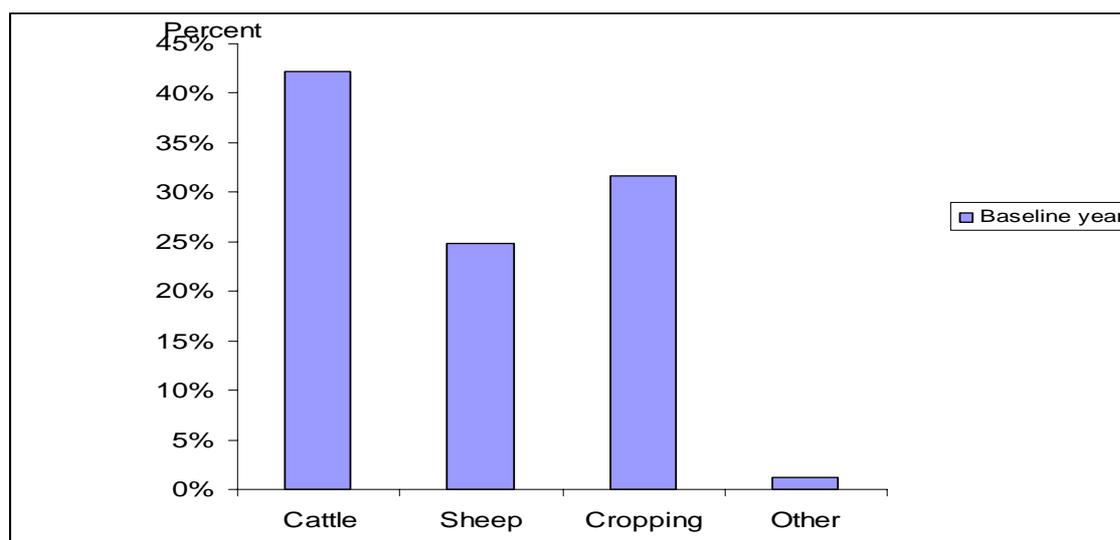


Figure 6: Type of Agriculture activities undertaken by SFF participants' n = 138

Variable	Number of participants (n=138)	Percentage of participants
Male	57	41.3%
Female	81	58.7%
Born in Australia	129	93.5%
Current smoker	23	16.7%
Previous smoker	49	35.5%
Variable	Mean	Standard deviation
Age (years) Range 22 – 74 years	45.84	11.78
Body mass index (kg/m ²) Range 18.7 – 42.1	27.55	4.54
Total cholesterol (mmol/L)	4.64	0.95
Blood glucose level (mmol/L)*	5.51	0.65
Blood pressure (systolic) (mmHg)	121.75	15.81
Blood pressure (diastolic) (mmHg)	74.97	9.46
Pulse rate (beats per minute)	70.61	9.84
Waist circumference (cm)	93.67	12.49

* excluding diabetics

Table 3: Average baseline characteristics of SFF reaching the remote participants

Data was collected as a baseline and again 12 months later on key personal health indicators including weight, waist hip measures, body mass index, waist hip ratios, fasting blood glucose and cholesterol levels and blood pressure. These measures indicated that the aggregate health status of the remote farmer participants. Of interest was the average age of the farmer participant at 45 years with an average body mass index of 27.55, cholesterol levels were within normal limits yet fasting blood glucose levels at baseline were recorded at an average of 5.51 mmols for the sample – already above the recommended referral level.

Farmers’ Perceptions of own Health Conditions

Before the first workshop participants were asked to self assess their current health status. Interestingly, fewer farm families reported that their health was either ‘excellent/very good’ or ‘fair/poor’ than had been found in a national population sample in 2002. Of the remote farming participants 90% of females and 84% of males rated their health status as good to very good or excellent. The ratings were consistent with other farming industry sectors with the majority rating their health in the upper levels of health. The interesting aspects come out of this when we assessed their level of bodily pain experienced as highlighted in Table 5.

Self-assessed health status	SFF-Remote ^a farmers		All Australia ^b	
	Females	Males	Females	Males
Excellent/Very Good	50.0%	46.0%	59.8%	58.6%
Good	40.0%	38%	24.4%	25.4%
Fair/Poor	10.0%	16%	15.8%	16.0%

Notes: ^aFor Remote farmers: data includes 22 years or over only ^bFor all Australia: data includes 18 years or over only (source: General Social Survey 2002, Australia’ (Cat. No. 4159.0.55.006), ABS)

Table 4: Self-assessed health status of SFF Reaching the Remote compared with Australia

Participants were asked to report on specific health conditions which they might have experienced. Participants reported outstanding conditions which are listed below. There were a broad range of conditions reported, although musculoskeletal, cardiovascular and respiratory conditions were clearly the most common as illustrated in Figure 6. A common condition was musculoskeletal health with many participants experiencing high levels of pain or discomfort during their working life and accepting this as the norm. A notable quote being “that if I don’t wake up in pain in the morning I must be dead.” Many highlighted that access to treat many long term aches and pains was not available and also to costly.

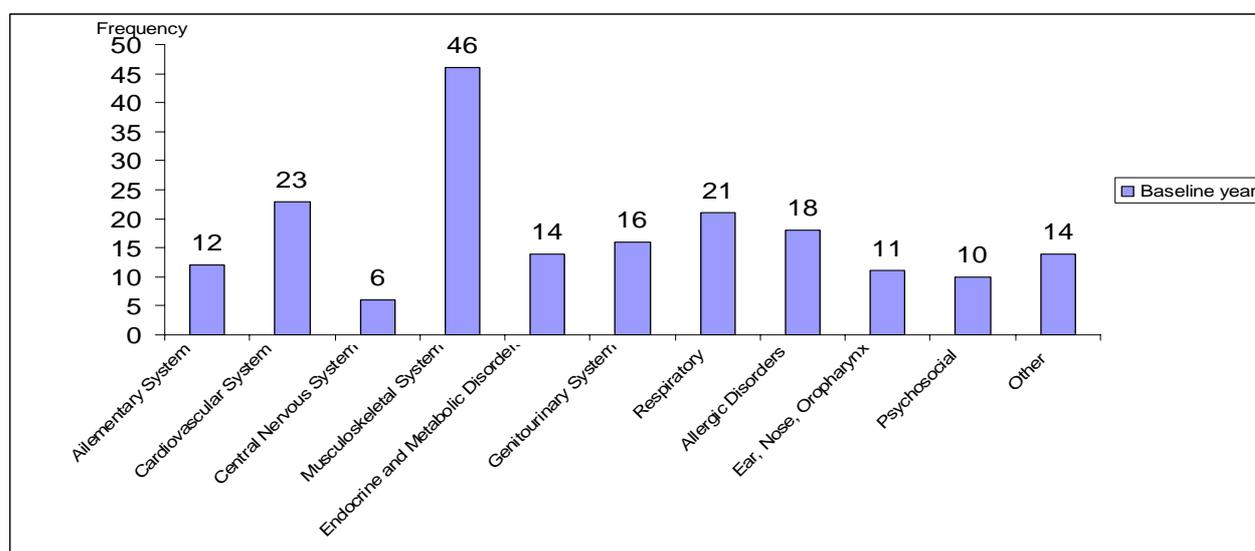


Figure 7: Distribution of self reported health conditions n= 138

A high proportion of the remote farmers also reported a **moderate to severe incidence of pain** (32 percent of women and 44 percent of men), even though 90 percent of women and 84 percent of men had reported that their health was good to excellent. This suggests that farmers participating accept pain as a normal part of their existence. This result does highlight a discrepancy in the self reporting of health of many farming families. As stated in Table 5, the majority of the participants rated their health as good, very good or excellent. The following figure reveals that many participants suffer a great level of pain to a moderate to severe level in the last 4 weeks. These reported levels of pain were higher than in previous SFF programs such as broad acre and sugar and cotton (Brumby et al 2008).

How much bodily pain have you had during the past 4 weeks	Females (n= 81)	Males (n= 57)
None	28.4	19.2
Very Mild	39.5	37.0
Moderate	27.1	38.5
Severe/very severe	5.0	5.3

Table 5: Baseline distribution of degree of bodily pain by gender

Alcohol and Smoking

Alcohol, though widely used and enjoyed in Australian society, is a depressant drug. It is thought that low level of consumption particularly red wine may offer some health benefits. In low quantities it causes people to become less inhibited, in higher doses it can cause unconsciousness and even death, certainly increases the risk on injury, violence, depression and death through accidents and altered conscious states. In chronic conditions it increases the risk of heart, stroke and vascular diseases, liver cirrhosis and some cancers (WHO 2004). Alcohol consumption in the reaching the remote program was higher in men particularly in the weekly or drinking more than twice a week category. This was consistent with findings from the broadacre program with low levels of non-drinking present. Drinking at a short term risky level as identified by the National Health Medical Research Council equates to more than 6 standard drinks for men and more than 4 standards drinks for women in any one occasion (NHMRC 2001). 53 percent for men and 39 percent for women indicated they did this monthly or more in the remote program. Data from the 2004-05 National Health Survey (ABS 2006) shows that among people aged 18 years and over, 48% of males and 30% of females consumed alcohol at risky/high risk levels in the short term on at least one occasion in the last 12 months.

Of major concern was the statistic revealing that 17.5% of men consumed this amount of alcohol on a weekly basis. Many stated that it was common practice because of the hot weather and need to quench the thirst.

How often do you have a drink containing alcohol?	Females (n= 81)	Males (n= 57)
Never	3.7%	5.3%
Monthly	23.5%	3.5%
Weekly	18.5%	7.0%
More than twice a week	54.9 %	84.2%

Table 6: Baseline distribution of how often participants have a drink containing alcohol

How often do you have more than 4 (women) and 6(men) standard drinks on one occasion?	Females (n= 81)	Males (n= 57)
Never	55.5%	22.5%
Monthly	39.5%	53%
Weekly	1.3	17.5%
More than twice a week	3.7	7%

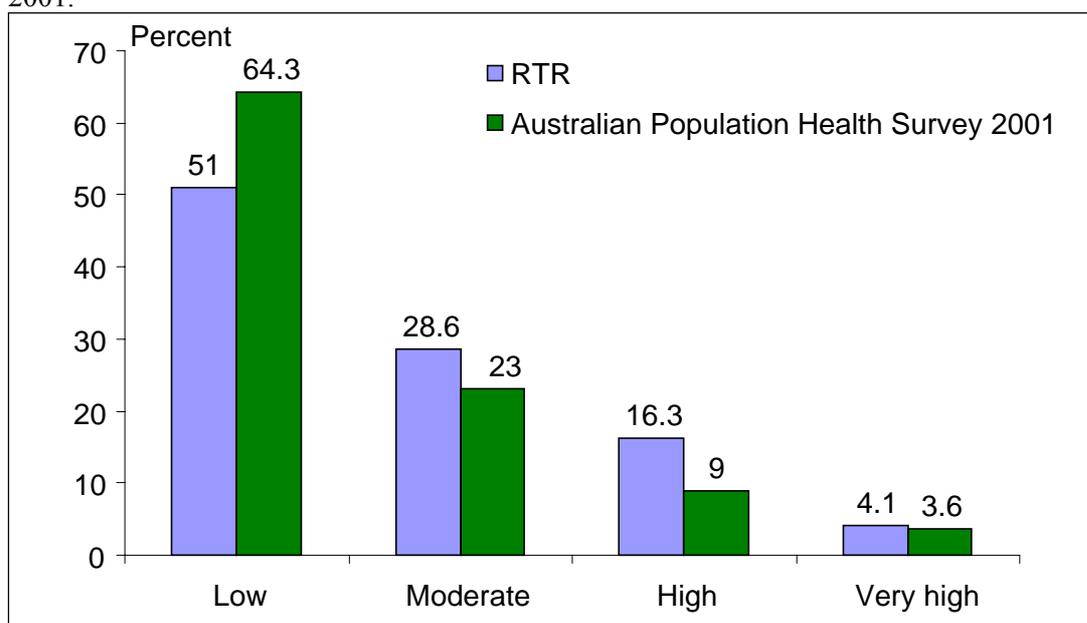
Table 7: How often do you have more than 4 (women) & 6 (men) standard drinks on one occasion?

Alcohol has muscle relaxant and sedating properties and when considering the impact of moderate to very severe chronic pain (Table 7), it is possible that pain contributes to a higher level of drinking. Alcohol can help with the management of pain due to its ability to depress the central nervous system and slowing it down, thus delivering a certain amount of pain relief. During the period of the remote program was also a period of significant stressors in relation to climate and market factors.

The smoking rate was 16.7% and lower in comparison to the Australian average for all persons and this has been a general theme throughout all the SFF programs and studies of farmers done overseas, that is that whilst smoking rates are high in rural populations they are lower in farming populations. The smoking rates are listed in Table 3.

Psychological Distress

The Kessler Psychological Distress Scale-10 (K10) is used as a measure of non-specific psychological distress. A very high level of psychological distress, as shown by the K10, may indicate a need for professional help. The focus of the K10 is to measure psychological distress and does not include any questions to identify psychosis, as this is difficult using a brief questionnaire. The K10 instrument may be appropriate to estimate the needs of the population for community mental health services and has been used for ABS health surveys and in a number of Australian states and the Australian Population Health Survey 2001.



K10 score	Level of psychological distress	Status of psychological distress
0-15	Low	No Psychological distress
16-21	Low-Moderate	
22-29	Moderate-High	Psychological distress
30-50	Very- High	

Figure 8: RTR participant Kessler 10 scores of psychological distress compared with the Australian Population Health Survey 2001

Whilst the numbers are very small there is a noticeable difference in the moderate, high and very high categories indicating some psychological distress. Issues surrounding typical remote factors such as drought, isolation, financial burden and weather were common factors listed as major stressors and contributors to psychological distress. Some of these participants were referred to counsellors or back to their general practitioner and provided with strategies to assist in the short term.

Referrals

Following the baseline workshop for the remote programs there were a total of 30 males and 62 females requiring referrals to appropriate agencies and services. This equated to 60% of males and 88% of females receiving referral letters in response to health indicators of concern. The primary site for referral included general practitioner or remote nursing services. The primary health condition requiring referral was diabetes assessment for both males and females and skin and mucous assessment. Cardiovascular assessment was the next most relevant referral need with sexual and reproductive issues for females as the next issue of concern.

Participants received a copy of their referrals which were sent to a health professional of their choice. This proved to be a very important aspect of the program, as it became apparent in subsequent workshops that many of these referrals had led to diagnoses of early cancer, referral for specialist advice, surgical interventions and initiation or change of medication.

Changes in Health Indicators over the two years

The emphasis on systematic collection of health data enabled careful monitoring of changes in health status vis a vis the key health indicators. While this data was, in one sense, an important source of insight into the effectiveness of the SFF itself, it was important also in terms of providing insights into the capacity for this kind of health education to make a constructive intervention into improving the health of farm families.

The numbers of participants at risk in terms of particular clinical indicators are shown in Table 9. These indicators are used to determine risk for diseases such as cardiovascular disease, diabetes and more recently cancer.

Clinical indicator	Number of participants in base year at risk
Body mass index ≥ 25 cms	96 (69.6%)
Total cholesterol level ≥ 5.5 mmol/L	20 (14.5%)
Total blood glucose level ≥ 5.5 mmol/L	61 (44.2%)
Waist circumference Women ≥ 88 cm Men ≥ 102 cms	65 (47.1%)
Blood pressure (systolic) ≥ 140 mmHg	24 (17.4%)
Blood pressure (diastolic) ≥ 90 mmHg	12 (8.7%)

Table 8: Participants at risk in base year in terms of particular clinical indicators from remote programs including Northhampton.

Between the baseline and the second set of measurements, there was improvement, some significant, in the key indicators. Those statistically significant are highlighted by * with trends depicted by ↑.

Clinical Indicator	Year 2 Mean (± standard Error)
Body mass index ≥ 25cms (n=58)	+0.14597 (0.13256) ↑
Total cholesterol mmols (n=13)	-0.81846 (.47205) ↓
Total blood glucose mmols (n=38)	-.3421 (.0987) *** ↓
Waist circumference Women cm (n=27)	-1.974 (1.075) ↓
Waist circumference Men cm (n=13)	+2.462 (1.162) ↑
Blood pressure (systolic) (mmHg) (n=15)	-13.533 (3.777)** ↓
Blood pressure (diastolic) (mmHg) (n=9)	-8.111 (1.947)** ↓

Significance values *** p ≤ 0.001, ** p ≤ 0.01, *p ≤ 0.05. Based on two-tailed significance tests.

Table 9: Mean change in clinical parameters from baseline to year 2 for all participants that attended both programs n = 86.

Please note that Northampton has not run its second year only commencing in 2008.

Changes were achieved in those clinical indicators which relate in particular to cardiovascular disease, diabetes, hypertension, coronary heart disease and metabolic syndrome. However, it is noted that whilst there was improvement in the indicators not all were statistically significant. It is also noted that for men at risk their waist circumference increased but not statistically significant level.

Following these results it was decided to look at the changes in the sexes.

Clinical Indicator	Female Year 2 Mean (± standard Error)	Male Year 2 Mean (± standard Error)
Body mass index ≥ 25cms (f n=29) (m n=29)	-0.02692 (0.030107) ↓	+0.21 (0.223) ↑
Total cholesterol (f n= 8) (m n= 5)	-1.65 (0.57045)* ↓	+0.514 (0.325) ↑
Total blood glucose (f n= 23) (m n=15)	-0.543 (0.1230) ↓	-0.03 (0.132) ↓
Blood pressure (systolic) (mmHg) (f n=7) (m n=8)	-21.28 (4.581)** ↓	-6.75 (4.865) ↓
Blood pressure (diastolic) (mmHg) (f n=3) (m n=6)	-10.33 (2.603) ↓	-7.00 (2.646)* ↓

(Significance values *** p ≤ 0.001, ** p ≤ 0.01, *p ≤ 0.05. Based on two-tailed significance tests.)

Table 10: Mean changes in clinical parameters and risk parameters from baseline to Year 2 for those SRF participants at risk in baseline year analysed by sex.

The statistical tests indicate that some of the gains on these indicators were significant and that with the women the trends were all an improvement with statistically significant results in cholesterol and systolic

blood pressure. It would appear that providing participants with a combination of detailed information on their own health status, together with health education in a supportive and sustained environment (over two years) has established the conditions under which people can make improvements to their health status.

Farm Health and Safety

The issue of the occupational health aspects of farming was addressed through a Farm Health and Safety survey (see Appendix 8). The initial version of the survey was developed for the project, and refined over the three years with assistance from the Australian Centre for Agricultural Health and Safety based at Moree. Additional questions were also added relating to wearing of motor bike helmets.



Checking out how clean our hands are for residues or chemicals

Farm Injury

In the base line year and year 2 participants were asked in they had incurred a farm injury in the previous 12 months and used the survey from the Australian Centre for Agricultural Health and Safety (ACAHS) to assess this information.

Sun Protection

Participants were asked to report the number of sun protection items worn in both years.

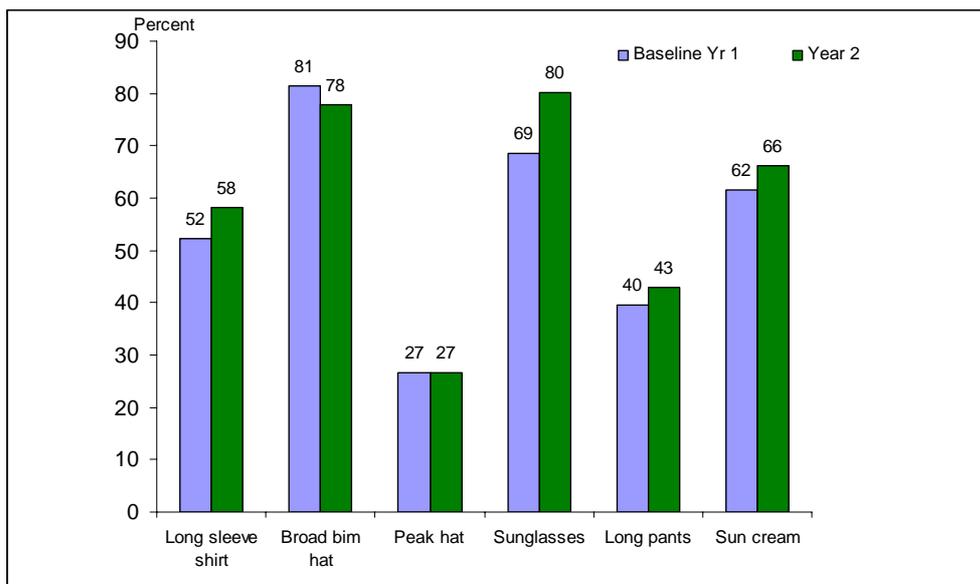


Figure 9: Distribution of sun protective items worn by RTR participants in baseline (Year1) and Year 2 (n=86)

Protective Equipment

Participants were also asked if they used protective gear (eye protection, gloves, etc) when using workshop or outdoor equipment such as power tools, post hole driver/auger, angle grinders, lawn mower or assisting in the use of these.

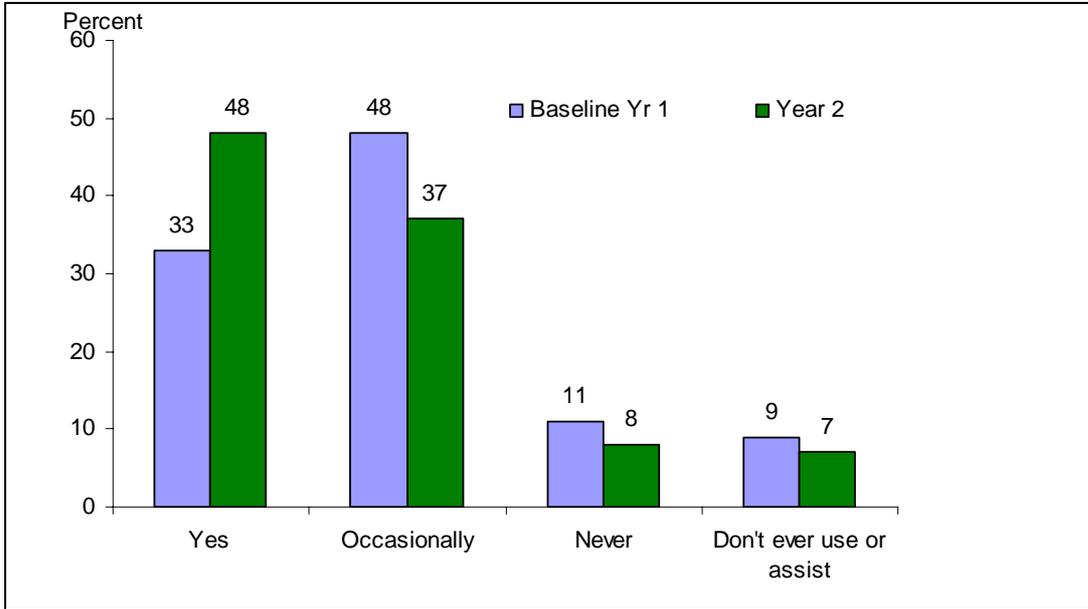


Figure 10: Do you use protective equipment when operating machinery? (n=86)

To compare the average use of total protective equipment worn between baseline and Year 2, a Wilcoxon Signed Ranks Test was employed. This showed that there was significant increase in the use of total protective equipment used in the remote farming industries after the Sustainable Farm Families program in their respective areas (p=0.019)

Wearing of Helmets

Participants were also asked whether or not they wore a helmet when driving or riding on a motorbike/ ATV, or horse. Below are the responses from the base line year and the second year results.

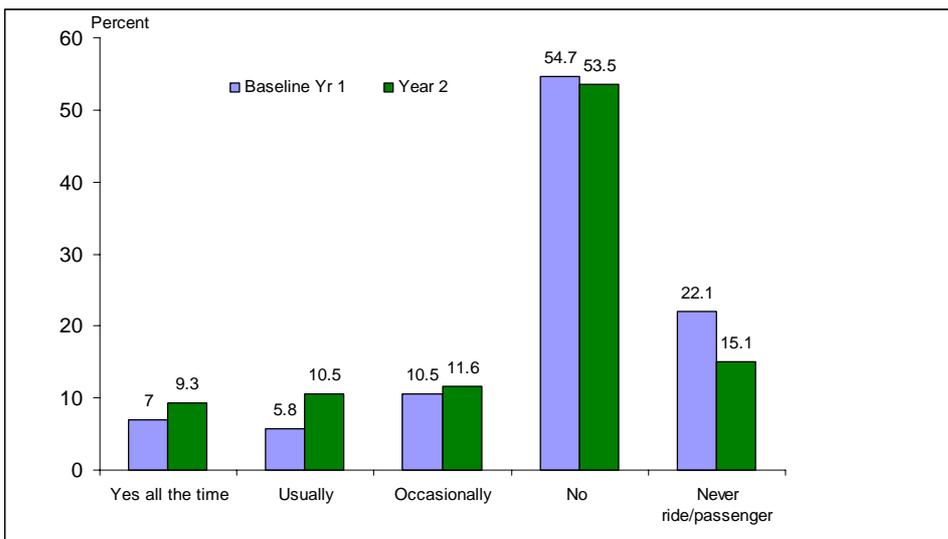


Figure 11: Do you wear a helmet when riding on a motorbike/ ATV or horse? Distribution of helmet use from baseline (Year 1) and Year 2 of those who participated in both years (n=86).

Further analysis reviewed the reasons why people chose not to wear helmets. There was some difference between the sexes in the percentages of those that ride motor bikes, with it being less common for women to do so. Those that did ride a motor bike or ATV were asked the reason for not wearing a helmet with 35% of participants commenting that helmets were too hot and provided no sun protection. This has been common theme throughout all the SFF and Reaching the Remote programs.

Farming Family Action Planning

As indicated in the outline of the overall program in the chapter 3 ‘action plans’ were an important part of the program (see Appendix 11). Following the first workshop, participants were requested to write up to three specific actions of their choice to work on for the following twelve months and to report back the following year. At the start of the second year workshops, as part of the reporting process, participants were asked to rate their achievement on each action using the ‘Martin scale’) which linked actual behaviour and results (see also the section on action planning in the previous chapter).

5	Great results way beyond my expectations
4	Impact others could see
3	Moderate results
2	Got started for a few week
1	Thought about it
0	Did absolutely nothing

Table 11: Action planning response scale: ‘How did I go with my Action Plan?’

In year one, 97 out of 120 participants submitted action plans. This gave rise to 284 action targets, which is an average of 2.9 per person. 86 participants returned in the second year with 75 giving action plan rating.

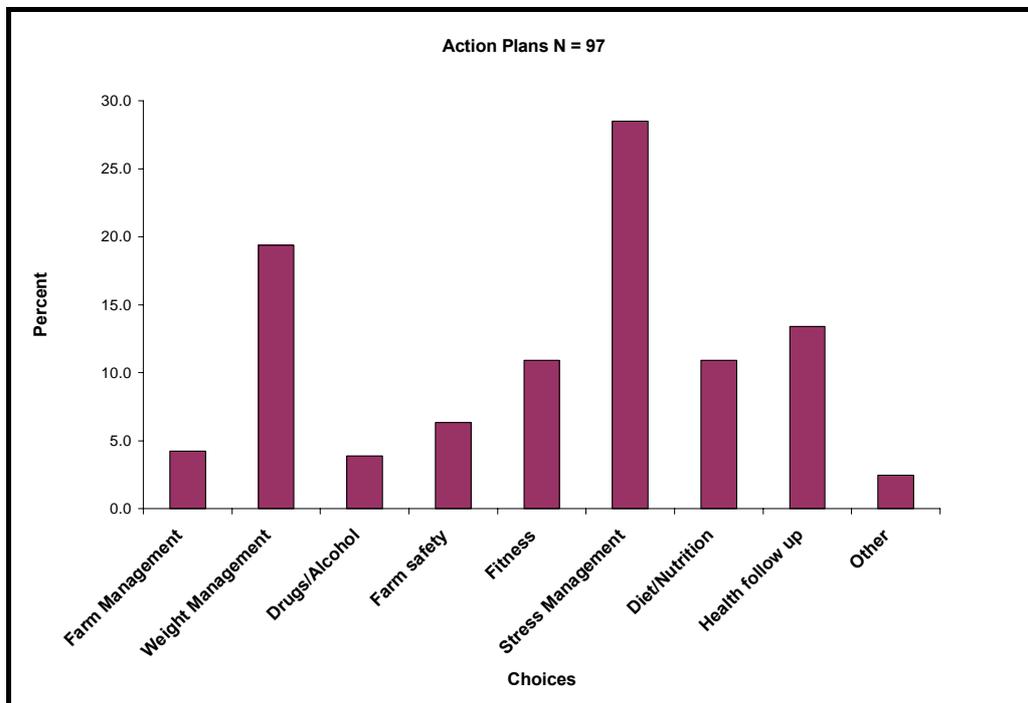


Figure 12: Distribution of action plan target areas for Year 1 SRFF participants

Interestingly stress management was much higher with this RTR group than in other SFF groups with weight and health follow up the next most popular.

Assessment of Action Plans

Figure 13 highlights the participants' chosen actions. It can be seen that there are links with the clinical indicators, suggesting that the participants' were aware of areas they needed to address. It also reflects the farmers' priorities. Men and women from the same farm could set different personal goals, adopt different actions and have different outcomes.

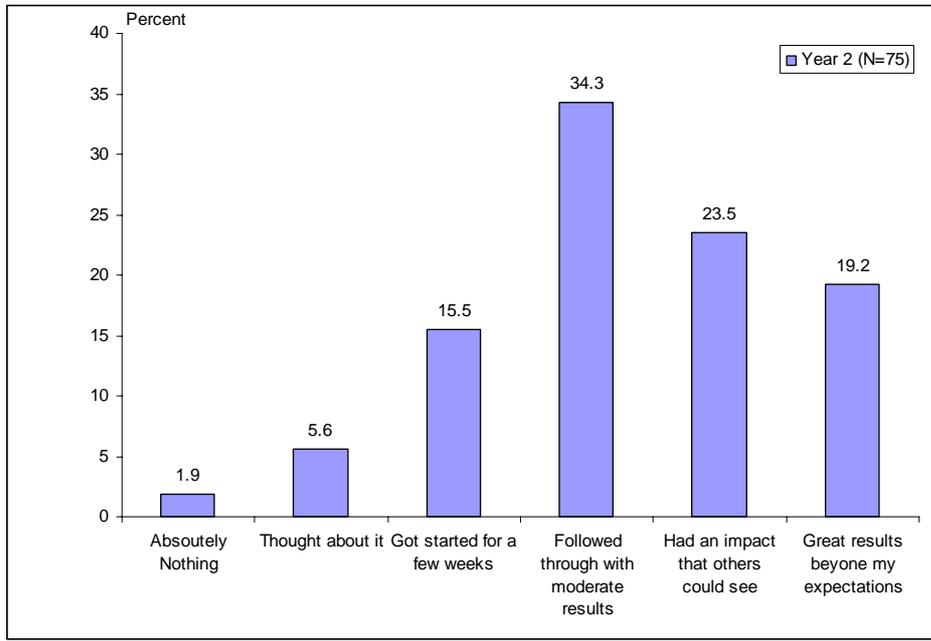


Figure 13: Distribution of results for the SRF action plan targets for those that returned

Conclusion

These results illustrate how RTR participants rated their own achievements. This was particularly pleasing for the project and most participants spoke and reflected on the experiences and learning over the previous 12 months. Some of these included changes such as taking holidays, putting on more staff, changing agricultural production to reduce seasonal pressures, taking up football, changing diet for themselves and the whole family, reduction of weight and increasing fitness, and following up on relevant health checks.

These results, in themselves, are very much the participants' own perceptions of how much they did, whereas the clinical data provides stronger evidence about the program's impact on clinical indicators. However, the significance of such positive perceptions about people's capacity to change their lifestyles, and to exercise choices which had important consequences for their health, wellbeing and safety should not be underestimated.



Group back for year 2

6. Objective 3 Information on Farm Health, Health as a Social Issue and Farm Productivity

The opportunity provided for people to talk in table groups are a very important part of the overall success of the program. These discussions offered participants the opportunity to informally share their experiences and concerns about health. This gave them the confidence to ask questions and to share perspectives which might otherwise have remained buried. The sessions typically included an opportunity for table group members to report to the whole workshop on the key themes or point of interest. They also provided information about each participant's circumstances, enabling the facilitators to better connect the delivery of information with their health concerns. The other advantage of this process in a remote population is to allow time for farming families to discuss farming and agricultural issues as a group and compare current trends in management, farming and health.

Perhaps more importantly, the Reaching the Remote workshops offered the opportunity to promote a more general discussion about health, and the 'triple bottom line' the program's key underlying message, that there is little point in improving farm productivity if farm families were not able to enjoy the benefits of their labours. This served to reinforce the message that farmers and farm families needed to take their health seriously as a lifestyle issue, and not just as a matter of individual mortality.

The focus groups also allowed for regular discussion about various issues and on the links between farm family health, health as a social issue in rural communities and farm productivity. In the baseline year, this was limited mostly to the more personal and community aspects of rural communities. In the second year, a specific component of the program focused on the relationship between health and farm business decision-making.

The word 'farmer' was rarely used to describe their vocation. Properties were usually considered 'stations', not 'farms'. For the sake of this report, participants are referred to as 'pastoralists', while their properties are referred to as 'stations'.

Why did you decide to participate in the Reaching the Remote program?

Own health status

The most common reason given for participation in the Sustainable Farm Families Program was a curiosity about health, not just that of the individual themselves, but also the farming community around them. Those who attended wished to learn about their own health status and their community's health status in relation to other areas. Concern over health was also evident in Burren Junction, especially in relation to peers dying prematurely from ill-health. Family history of poor health was also mentioned as a reason for participation.

Family influences

The family also had a large influence on attendance, with a number of participants identifying a family member, such as a partner or parent, as coercing them to attend. Other participants reported that concern for the future health of their family was an important factor in their decision to participate. Couples also felt that the activity was a worthwhile way to spend time together away from the farm.

Pastoralist work and health

Some participants attended the program to learn about the link between pastoralist work and health, an interest sparked for some by a question in the pre-questionnaire 'does work effect your health?'. Others felt it was a good opportunity to learn information that they could use to improve their farming practices and pass onto employees.

Industry influence

The industry played an important role in organising participation for some groups. WAFF Meetings and RRR magazines were mentioned in Esperance as being involved in the promotion of the program to pastoralist families. It is interesting to note that a family influence appears to have occurred on more occasions than an industry influence. This may not mean that industries aren't important in building up participation numbers – no doubt their promotion of the program is an important aspect of this process. It is perhaps possible that participants are more likely to name family influences as it may have been those influences that pushed them out the door in the morning or reminded them to fill in forms etc.

Supporting the Program

Supporting the program was a reason for participation that came up in three focus groups. This could indicate a growing concern for the health of rural and remote farmers, and the impact health has on their work. It could also indicate that this is where the Industry is most active – promoting the program.

Recognition of Ageing

Ageing and the need to slow down for a few days were also mentioned by two groups. Only one focus group had the response 'don't know'. None of the focus groups participated for the free health check and breakfast, which is made especially intriguing by the fact that a large number were concerned with their own or their partner's health.



Farming families were engaged in reflection on the impact of farming business decisions and health

What are the primary health issues affecting farm families?

Isolation and access and limited to services

Isolation was a common theme throughout the participant groups. Not only was distance a problem, but also shortages of health practitioners and services. A response in one group was about '*modern technology reducing the need of another person*' on the station – highlighting the problems of social isolation as well as physical. There was also a concern about how the lack of services affects running the farm as business – such as rehabilitation after an accident and the affects that has on the rest of the workplace.

Demands of the job

Farming is a very demanding job, and most groups recognised this as a primary health factor. Longer hours, less help and a busy lifestyle were all mentioned. Lack of time off from the farm was also seen as a big issue. Some identified these demands as leading to accidents in the workplace, which in turn are affected by limited health services and in turn affect the running of the farm. Staffing issues were also mentioned in relation to job demands, with downsizing and high staff turnovers featuring as common problems.

Stress and Mental health

Stress was a very common response to this question, with one participant saying that it was '*so normal you don't take notice of it*'. Two groups identified the drought as the cause of stress, while finances were also mentioned as a cause. Depression was mentioned a number of times as well, as was a concern for mental health generally.

Current attitudes

Commonly mentioned were the current '*attitudes*' of the community impacting on primary health issues. Men's health attitudes were mentioned on more than one occasion, with an emphasis on the difficulty of getting men to be conscious of their own health – '*Men don't listen*' and '*getting men into health services*' were both referred to as problems. The '*perception that you are expected to always be working*' was an interesting response to this question, which has obvious repercussions on health such as stress, guilt, over-working and tiredness. Some participants feel that their neighbour or the community will label them as '*lazy*' or '*slack*' because they've taken time away from the station.

Occupational health and safety

Occupational health and safety issues were a common theme throughout the programs. Chemicals were the number one OH&S concern with groups particularly concerned with residue and the potential of chemical poisoning. Farm safety and accidents were also prominent features in relation to OH&S. A concern with sun protection was brought up by one group, as was long term noise exposure.

Diet and exercise

There was recognition by one group that the quality of fresh food is low in rural and remote areas. Diet and exercise were both mentioned by numerous groups, with mechanical aids being blamed for a lack of fitness. Cardiovascular disease was also mentioned as a primary health concern.

Age-relate issues

For some groups, primary health issues were influenced by age, with '*different health issues for young and old*'. Ageing in the agriculture industries was mentioned twice as a health issue.

Substance use

Substance abuse was only mentioned by one group, in relation to alcohol consumption, despite group responses to another question mentioning the need to quit smoking. None of the respondents referred to their smoking as a health issue. Excessive alcohol consumption was not raised or recognised in these discussions as a primary health issue.

Family history

Family history was considered a primary health factor, although specific family history was not mentioned.



The RTR team experienced first hand problems with access

What do you believe are the current farming family attitudes to health?

‘Live to work, not work to live’

Health is often put on the back burner because the station is considered more important. As the station is frequently the major source of income and the manner of pastoralist work, unlike most other types of work, can't usually be left until the morning and pastoralists feel as though their health has to take a backseat to their business. Once again the opinions of the agricultural community appears to influence what pastoralists do – with one respondent feeling that to take the day off *‘will be letting the team down’* and that you're considered a *‘bit of a sook if you lie down’*. It's very interesting to see that some pastoralists appear to care more about their community's perception of them than their own health, often working when they should be recuperating from illness or injury. This links into the other common attitudes of maintaining a stoical appearance and postponing medical issues until they are a major problem.

Not an issue unless a serious issue

Claiming that they simply *‘haven't got time’*, some of the participants in the program feel they need to put off seeking medical help until the problem begins to seriously impair their working ability. Pastoralist families also found a *‘need to equate health to specific performance ability’* – which ties together a number of other responses about the need to continue working despite illness or injury, like *‘while I can still stand, I can do the job’* and *‘if you don't wake up in pain then you are probably dead’*.

Casual attitude

A lackadaisical response was given at each program, the most common being *‘she'll be right’*. This casual attitude toward health issues is intertwined with the belief that the farm is more important than health and that there is no health problem unless it is impairing the ability to work. It is also linked with the notion that people's perception of you is more important than looking after your health – for example you can't have people mocking your dedication to working because you've taken the day off with a cold. There was also mention of attitudes relating to age – the young considering themselves *‘bullet-proof’*, while older people have an *‘increase concern for health etc.’*, and others *‘forget that we are ageing’*. Again, the responses reflected the idea that health is *‘something to do when not so busy’*.

Costs

A number of people felt that healthcare was expensive and that the services available were very limited, perhaps using this as a justification for not looking after particular health issues. Isolation from others was also mentioned. Anecdotal stories of long distances travelled and time given up for poor services were also reported. One response also claimed that *‘women's health is being addressed not men's’* – as a justification for not looking after one's own health.

Positive attitudes

Some positive attitudes towards health were mentioned in these programs. As one respondent said it's *‘not all doom and gloom’* and that it is a *‘positive step by attending SFF’*. Health awareness appears to be growing amongst the community, particularly in the younger generations and large agricultural companies, as well as families in general – one respondent stating their *‘family attitude from a decade ago has improved.’*

What information and services do you access?

Internet and other media

The internet was mentioned the most in regards to accessing health information – with one group specifying that they use the Google search engine. It would be interesting to see if participants use or know of any health websites or if they just search for health information via search engines. The television was also commonly discussed as a source of information, with one group specifying shows such as 60 Minutes and A Current Affair, while other groups referred to health programs and health promotion advertising. The radio and magazines, such as women's magazines and Good Medicine, were also accessed for health information. Newspapers were not mentioned by any groups.

Community health services

Local community health services were a common source of access to health services and information (no distinction of whether it's for services or information), with mobile health services especially important to those living in remote areas. Clinics, women's health nurses and specialist services are also commonly accessed for health services and information. Only one group named their GP as a source of information and services, with the hospital being cited as a source more often than a GP. This is different from other SFF groups.

Social networks

Social networks were mentioned as a common source of health information. Friends and family were the most common being accessed for health information, but DIY, neighbours and word-of-mouth were also cited as being used.

Telephone services

Phoning for information appears in a number of focus groups, although specification of whom they were calling was often not given. One group said they would phone AirMed or the District Medical Officer for services or information.

Health pamphlets or letters

Pamphlets from chemists, health insurance booklets and brochures sent in mail were other sources discussed as points of information, as was the letter sent by the Health Department with regard to breast screening for fifty years and older women.

What is disturbing is the response in one focus group that they don't access any health services or information, possibly due to a lack of services or availability. No information from the Northern Territory Department of Health was also an issue for one group in the Northern Territory.

Year Two Workshop

The second year workshops were held approximately one year after the first workshops, and the participants were asked the following questions:

- Has the RTR program made a difference?
- Have you referred to your participant resource manual?
- Did health issues play a part in a recent farm business decision (give some examples)? And, what were the three most important learnings from this workshop?

As well as these questions, participants were also invited to make some general comments. The responses were placed into themes and are discussed below.

In the last 12 months has the RTR program made a difference?

Yes, the program did make a difference

Most participants felt that the program had made a difference, whether it be a number of little lifestyle changes or major business changes. One group said the program was '*GOOD VALUE*', and should be more widely available.

Awareness of health

Due to an improved awareness of health, participants are more conscious of their choices, in regards to both lifestyle and occupation. Diet changes were a major difference inspired by the program, as were changes in exercise behaviour. Many of these changes may have been small but effective. An interesting response was by one man who said '*I took up local footy again, social life and exercise, good for the family also, getting out*'. By taking care of his physical wellbeing, he also managed to address mental health issues, such as social isolation, for not only himself but also his family.

Taken time out from the station

Taking time away from the station was discussed by a number of groups. Some participants were able to do this through the employment of staff and enjoyed time away from work, while others returned to find their station in a state of chaos. Participants obviously became more aware of the importance of taking time out from the station, which is difficult because for most people their station is not just a workplace, but also their home.

Changes in workplace practices

Many workplace changes, such as *'forbidding riding on the back of the Ute'* and *'wearing protective gear'*, were made because of information delivered at the workshop. General health and safety as well as common sense became more important in workplace practice. Participants also became more concerned about the physical and mental health of employees. Sun protection featured prominently in responses from many groups, with skin cancer being the driving force behind some workplace changes, for example being more conscious of wearing a hat and sunscreen or moving the clothesline to limit sun exposure during the day. The most interesting responses were about employee health and community health – one being the *'encouragement to male staff re health checks'*, and another being *'community changes and practice changes due to others' accidents'*. It is good to see the application of knowledge from the program in the workplace, and that the program is having an effect in the wider community. These statements also suggests a change in attitude away from traditional approaches, with participants realising if something happened to them, it *could* happen to us.

A couple of participants felt the program hadn't made a difference, although they obviously felt it was worthwhile attending because they're back for year two. One response was that the program hadn't made a difference but *'I have done things I said I would.'*

Have you referred to the SFF participant manual?

A large number of participants had referred to their manual for some reason or another in the past year, and **all** of them brought the manual with them to the second workshop. It was good to see that the manuals were being used for a number of reasons, especially to see that they were being used to educate others, with one participant *'using the information to talk about diet and nutrition to station cooks and staff members'*. The addition of the heart foundation leaflets, as well as the leaflets on pelvic floor exercises, relaxation techniques and the farm safety checklist makes the booklet all the more useful as it can be used time and time again. The leaflets also have contact details on them, so looking for updated information is made easier. Some participants reported using the Reaching the Remote newsletter as a point of reference, while others had looked at the SFF website (which is an important communication tool for the program).

General comments and observations

One comment was that the original letters sent out don't reflect the program, and this participant feels that this may put people off attending as the *'program is fantastic'*. Another participant pointed out that occupational health and safety affects everyone on the station, although not everyone is well-informed on the subject, saying *'company people [are] more up to date with OH&S, [while] private people [are] less exposed'*.

A few comments were made about the value of attending the program – *'every person would say it's well worth attending'* and that *'people say they wish they could come'*; which would indicate that the program is making a difference in participants' lives, educating them about health and safety on the station. The participants found the program relevant and important, with one focus group going as far as to say that it's the *'best money spent by the government'*. The ability to identify possible health problems and recommendations on how to avoid or 'fix' them is an important aspect of the program, and participants' responses throughout the workshop reflect this.

The message of the SFF program; the human resource in the triple bottom line, is being received by participants. Occupational health and safety is a recurring theme throughout the focus group responses, with a lot of important changes being instigated because of information given at the workshop.

The participants are taking what they have learnt at these workshops and are not only applying it themselves, but are sharing it with community members who were not able to attend, such as friends, families and employees. The importance of healthy eating and exercise appears to be the most commonly passed on information, usually to family members. The manuals are important in this process as it means correct information can be passed along and participants can easily access health information relevant to their friends, family and most importantly, themselves.



Highlighting the value of fresh and healthy foods

Health issues influencing farm business decisions

In the second year participants were asked to complete a farm business survey which explored the relationship between farm business decision making and health (see appendix 13). They were also asked in second year focus groups to reflect on recent farm business decisions in the last 12 months and the role that health, wellbeing or safety had in their thinking.

Below is a précis of some of the focus group discussions.

Occupational health and safety decisions

Consideration for the health and safety of families and employees influenced many participants' decisions to change practices on the station. These ranged from buying new machinery, to revised procedures for handling livestock, and to considering appropriateness of designated work tasks. Other health and safety changes included giving staff and family Sunday off, setting up a radio system to be conscious of where staff are working and watering yards to avoid dust hazards during stock handling.

Staffing decisions

Many decisions on employees were made with concern for the health of both the participants and their employees. On some stations, extra workers were employed to ease the burden on current workers, while on one station, a cook was 'let go' for not meeting the nutritional requirements of the workers (they were using too much oil). Educating employees on occupational health and safety was also common among participants, with some holding educational programs annually or creating 'induction manuals' which set the rules and boundaries. An independent twenty-four hour counselling service was established by one company after the SFF first workshop.

Property decisions

Health issues also influenced many decisions made about property. Selling land to reduce workload and pressures was discussed at three workshops, with some participants decreasing the size of their stations, while others sold up completely and relocated. Declining the opportunity to increase their property size was mentioned by another participant. Building or buying a new house or a house 'in town' were also decisions made, based on mental wellbeing. While selling up is '*incomprehensible*' to some pastoralists, others feel that their life would be better off the land.

Health's impact on station work

Altering work practices, such as giving up trucking and not purchasing cattle this year were also made with considerations about health by reducing the physicality of their work, or avoiding stressful times of the

calendar through purchasing different livestock. Many participants have been considering their health since participating in the first workshop becoming aware that they need to be conscious of their own limitations when it comes to agricultural practices. Some major farm business decisions were made without consideration for health.

Figure 13 shows responses to the question: ‘Has the SFF RTR program promoted you to think differently about managing the work on the farm?’

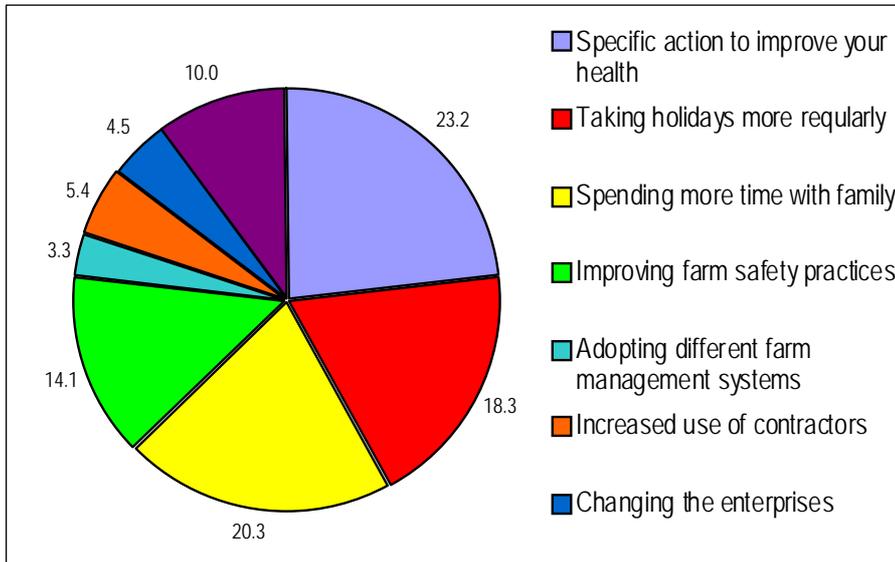


Figure 14: Has the RTR program prompted you to think differently about managing work on the farm?

23 percent indicated specific action to improve their health, 20 percent wanted to spend more time with their families, 18 percent taking holiday more regularly and 14 percent to improving farm safety.

These results confirm the holistic view taken by participants of the relationship between the farm as work and the farm as home, that so many referred to in the focus groups. It reinforces the message that to work with farm families consideration of both the business context and the social family context is vital. Ignoring one or other misses the significant overlap on the home, workplace, family relationships.

Conclusion

The SFF Reaching the Remote objectives focused clearly on understanding the ways in which health is important in the social aspects of farming, and in business decision-making. It has revealed a complex relationship, shaped by many farming families simultaneous experience of their farms or corporate farms as home, workplace and places where health, wellbeing and safety are priorities.

Many farmers have clearly benefited from their participation in the RTR groups which have enabled them to develop a much more focused analysis of the farms as businesses and the impact of health and wellbeing on them. The continued growth of the SFF programs as outlined in the next chapter could make a significant contribution to assisting farm families to recognise and act on the mutual importance of the relationship between health and farm business decision-making. However, the challenge of engaging with health services and industry simultaneously and developing the understanding of this particular target group needs to be addressed and reinforced.

7. Objective 4 Communication, Dissemination and Development

Communication of workshops, findings through conference papers and articles in industry magazines, journals and radio occurred throughout the program and were considered pivotal in communicating participants and linking partners together and across sectors. This was seen as important to the success of the program, and also by the partners in raising the importance of health, wellbeing and health and safety in the various agricultural, health, government and industry sectors.



Communicating the learnings were an important part of project

A communication strategy was developed by the steering group and target market was confirmed as follows:

- **Target Market 1** will be the Remote Farming Families who have participated in the SFF project, – the champions of the project.
- **Target Market 2** were stakeholders, health agencies, agricultural industries, government agencies DoHA through reports, recognition in media, steering group meetings minutes etc.
- **Target Market 3** greater community - reports to the local newspapers will also enhance the understanding in the greater community, journals magazines, Rural Press.

As the project developed it was felt that one of the gaps within the workshop program was the small involvement of local health services in the early stages. Given the background of the project team, significant effort was placed in raising the issues into health and agriculture rather than the traditional health and safety which focussed mainly on occupational health and safety. Time was devoted to communicating the programs early findings and the high interest from farming families in health, wellbeing and farm safety. Significant attempts were used to engage with local health services which met with differing responses. The challenge was to convince them of the benefit of the RTR program in states where they knew little about it.

Key efforts were made to link with local and ancillary health providers including Queensland Health, the Royal Flying Doctor Service, Northern Territory Health, WA health, AARN and CRANA. Meetings and support consultations were made to support not only the initial rollout of the programs in their first and second years but to support the development and skill acquisition by staff involved to carry forward future opportunities of the SFF program. This was evident in that each area has pursued options to rollout further programs and seek additional funding to deliver programs to their key agriculture industries.

Papers Presented at Conferences

- Public Health and Rural Ecosystem Symposium, Saskatoon, Canada October 2008
Reaching the Remote: grappling with location, environment, behaviours & attitudes
- Climate Change and Health Conference 2007, 16-17 October 2007, Park Hyatt, Melbourne, Australia. Theme: Human health and social impacts of climate change.

- 9th National Rural Health Conference March 2007, Albury
Early Intervention in Farming Family Health: Making informed life choices for sustainable family farming.
- Australian Pacific Extension Network, March 2006 - Beechworth
The Sustainable Farm Families Project: Changing Farmer Attitudes to Health
- Department Human Services, Rural Health April 2006 Ballarat
Sustainable Farm Families Project: Striking it Lucky or Effective Health Promotion?
- The Sustainable Farm Families Project: Extending the future through rural health professionals.
Australian Area Remote Nurses National Conference Brisbane October 2006

Industry workshops

- Joint Venture for Farm Health and Safety September 2006 “Scoping Farm Health and Safety Research ideas for Rural Australia - Overview of sustainable Farm Families program
- Geoffrey Gardiner Foundation Reception Parliament House February 2006.
- Sheepvention Hamilton, Victoria Sustainable Farm families – the human resource in the triple bottom line

Media – Print Articles, Radio

There has been extensive coverage of the SFF project in local media where the workshop program has been conducted. Examples are shown in Appendix 16.

General

Sustainable Farm Families beyond the rural setting, AARN, January – March 2006.

Sustainable Farm Families, Pedals, July 2007, p44.

SFF Newsletter July 2007

Hamilton Spectator April 2008

Katherine

Farmers’ health important for success, Katherine Times, September 2006

Farmers put health in front paddock, Katherine Times, November 15, 2006,

Highlight on farming health, Katherine Times, November 14, 2007

Tennant Creek

Sustainable Farm Families, Barkly Beef, Dec 2007, p5.

Sustainable Farm Families, NAPCO NEWS, April 2007, p6.

Radio ABC Tennant Creek November 2006

Georgetown & Mt Surprise

Frontier News May 8 2007

Walgett & Burren Junction

Print

Sustainable Conclusion, North West Magazine, March 31, 2008, p4.

Successful Sustainable farm family workshop concludes, The Spectator, Wednesday March 19, 2008.

Sustainable farm families workshops, building a stronger rural economy, The Black Opal Advocate, Thursday April 26, 2007, p3.

Farm Family Health is number one, The Spectator, December 13, 2006

Sustainable Farm Families Workshop, The Spectator, April 25, 2007

Country Women’s Association – Walgett Branch, The Spectator, November 29, 2006

Walgett consultant, North West Magazine, November 6, 2006, p4.
 SFF project running in Walgett, Burren Junction, North West Magazine, December 18, 2006, p9.
 Sustainable Farm Families Workshop, The WINC, January 23, 2007
Radio
Outback Radio 2WEB Jan 2007.

Esperance & Cascade

Print

Community health project, The Esperance Express, Friday March 28, 2008, p4.
 A first for Esperance, School Newsletters, Cascade, Salmon Gums, Grass Patch, Condingup, 2007.
 Invest in farm family health, The Esperance Express, September 14, 2006, p18
 A healthy 'bottom line', Esperance Department of Agriculture Newsletter, October 2006.

Please see Appendix 16 for samples of media releases

International Interest

In 2006 Susan Brumby was awarded a Victorian Travelling Fellowship 2006 to further understand the triggers and opportunities for improving farming family health in Victoria. As part of the fellowship, sharing the experiences of Sustainable Farm Families was included. Presentations were given to the following:

- o National Farm Medicine Centre, Marshfield Wisconsin USA
- o Iowa Centre for Agricultural Safety and health, University of Iowa
 ADAS Pwllpeiran, Cwmystwyth, Wales
- o 16th International Congress of Agricultural medicine and rural Health (IAAMRH) Lodi - Italy - Plenary Session Healthy Farmers Healthy Food: SFF project

Website

The Sustainable Farm Families website commenced March 2006 www.sustainablefarmfamilies and includes all projects funded as listed above. As of May 2008 345,375 successful server requests hits on the SFF page. Remote is the second most visited page with 11,638 visits between February and April (Total 20 999).

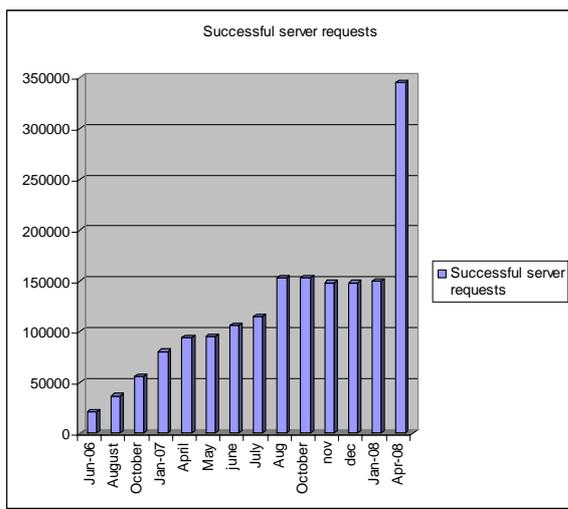


Figure 15: Successful server request for the Sustainable Farm families website.

An annual newsletter was sent to all SFF Reaching Remote participants. An example is attached as Appendix15. These were also made available on the SFF website.

8. Discussion of Results: Program Achievements and Policy Implications

At the end of the two year program participants were asked if the SFF Reaching the Remote program had made a difference to their health, wellbeing and farm safety. They expressed the view they were more aware of their own health and that of their family and had a greater understanding as to how they can respond to maintain good health. In terms of awareness participants acknowledged they were primarily responsible for their own health, wellbeing and safety. A good starting point in this awareness was more careful consideration of their diet and the impact of moderate exercise - one of the most empowering aspects of the program. Reading food labels and being aware of the food they fed their family was constantly mentioned by participants.

“The impact that this workshop has had on Nanette, Murray and their family has been very positive.” said Jodi McLean NSW facilitator

Nanette commented *‘The pedometer was a good idea because the men believed they were “working really hard” but in effect a full day of tractor driving made them realize they were only getting in about 4000 steps instead of the recommended 10,000’.*



Photo: Reaching the Remote participants Murray and Nanette

That the program measured participants’ fasting cholesterol and blood glucose levels, blood pressure, BMI, hip/waist ratio, and informed them of their result - and what was regarded as acceptable limits for good health - is a cornerstone of the success of the program. The workshop program helps them understand and make the connection between their behaviour and health outcomes, and completes the learning cycle (Kolb, as discussed above).

Participant responses also confirm that having the workshop 12 months apart was important as they could see the connection between their attempts to improve aspects of their health and obtain feedback on their efforts to change. However, this program was a two year program (baseline and a 12 month follow up) and numerous discussions centres around how to keep in touch, maintain the momentum and keep the group and industry relationships focussing on health wellbeing and safety. Given our experience with the original SFF program that was over three years it is felt that the longer term success may be more likely with the three year program. Although it is pleasing those participants still keep in contact with other group participants.

This is highlighted in the excerpt below from Helen Kempe Tennant Creek Facilitator.

Robyn (participant) commented that she often talks with the other RTR workshop participants about how they are all going. Her concluding remark was that the SFF RTR program *'was wonderful, the presenters very knowledgeable, fun and that she did not lose interest once'*. Robyn would like to see the SFF program return to the Barkly, *"So that others (including my husband) can participate"*.

Participants also reported that they had a greater sense of perspective about the important role of health in their farming family decisions. For many, health management was now a priority, and they were passing this view onto family members, some also included changing their production system to allow for increased appeal and development of their children's interest in farming. They recognised the need to get the lifestyle mix right; family, recreation, work, safety and to encourage their children to be involved. Below is a quote from WA participant Sue who participated with her husband Scott.

'The RTR workshop has resulted in some important changes to our lives. We tend to have more family time, are making the effort to have at least one holiday a year off the farm, and generally make healthier food choices,' says Sue from WA. *'We also hope that by consciously cooking and shopping for healthier choices it will impact on our children, so that by the time they go away to school they will make healthy choices learnt from home.'* *'Scott is now walking with me when he can. Holidays are included in the farm budget now.....'*



Photo: Reaching the Remote participants Scott, Sue and family

In terms of the farming business decisions participants recognised that if they are healthy they can work longer, and more effectively. As this is part of a whole of life change they also saw that they needed to change their lifestyle, not only in the quieter times of the year, but also when they were working in the busy, or peak farming times of the year. The program provided them with a rationale to have more time off, to try and achieve a better balance of work and non work. This also required better time management around health, wellbeing and safety priorities.

This is highlighted in the excerpt below from Sara Potter, Katherine Facilitator

Since the RTR workshop Keith now believes that *'health is cumulative and one change doesn't change all'*, important points he and Roxy are now instilling in their children while they are still young. Keith believes the workshop has contributed to him *'not putting off things that you want to do'*. One of Keith's action plans was to take a holiday and he did! A holiday that Keith has threatened his kids with for years, to show them the West Australian Kimberley's where he and Roxy use to work. *'And not a moment to late with all 3 kids either finishing high school or college and aren't' really kids anymore.'*

Things to work on, Keith knows his cholesterol needs more work and he is more aware. Changes he has noticed at home and at work include more “*grunt, motivation and commitment to myself and the family*” Would Keith recommend the SFF Program? ‘*Yes and he has to everyone as it was a “brilliant” workshop particularly the health and stress*’.



Some of Keith and Roxy’s cattle

In terms of managing stress and general anxiety they recognise that it is important to talk with others about their problems and concerns. Small changes in lifestyle, thinking more about their own future, having downtime to attend *children’s sporting activities, for example, were now given a higher priority in their lives. For those who had denied themselves a holiday in recent years they recognised that this was an essential part of their personal regeneration and were actively planning for such events or had carried out the commitment.*

The SFF program had wide ranging personal effects, or impacts, on behaviour. As several participants noted, the learning gave them permission to care about themselves.

“Because we live in such a remote area, far from doctors, hospitals and medical services, we get a bit blasé about all those health checks that we should do, and put them off most of the time”. “The RTR workshop made me think about being more proactive in regard to health issues”.

Since setting her own goals Robyn says she’ is a little fitter, that the stress is still there, but not so overwhelming, and that she had completed some of her health checks’. Robyn now tries to take time out for herself and is more interested in reading the food labels.



Photo: Reaching the Remote participant Robyn and her family at Warwick show

We were encouraged that many farmers made a connection between health and wellbeing and farm safety. While it was our assumption as program planners that this was the case having participants make this connection was a great outcome for the program. In discussing the pros and cons of being well or unwell they raised the connection between wellness and accidents – if you were unwell, as one farmer put it, you were more likely to not pay attention and be hurt.

Many participants reported they used the Worksafe farm safety checklists provided in the workshop to undertake an audit of farm safety. While they may not have addressed all issues initially identified they had addressed the top priorities and reduced the likelihood of harm on their farm. Many were more proactive in improving OH & S for employees and other family members.

What is clear from the responses to this RTR program is that farming families participating in the program did make healthy living choices, can see the connection between health and farm safety and can identify strategies to manage stress. The evidence from the health changes in the SFF participants confirms that there were changes on a number of indicators. Participants also know why these measures have changed and feel empowered to continue with a healthy, wellbeing regime of diet, exercise and relaxation. They are also more empowered about where to access information using the SFF resource kit as a base.

When discussing the resource kit, Chris advised it “*was pretty good with a lot of information that you can go back to*”. “*It especially good because you don’t have to be a rocket scientist to read it*” saying further.

Of note the biggest change to Chris has been the amendment to philosophy, ‘*you don’t need to kill yourself to stay there*’. So with this in mind Chris, Kim and John are heading off to go the Victorian snowfields mid year for a holiday – *the first he can remember*.



Photo: RTR participants Chris and Kim

Evaluation of the Program

During each workshop, participants were asked to rate each session against a set of questions about the presentation, their learning and aspects which could be improved. Overwhelmingly, participants reported very positively on both the quality of the presentations, and their appreciation of the opportunity to learn about health issues, especially in relation to their own methods. The latter in particular seems to have become a major driver for their continuing participation in the workshops which is reflected in the high retention rates despite floods. The intimacy of the physical assessment at the conclusion of each workshop, and the specific data on their own health (especially where there was also a referral) proved to be a significant factor in encouraging the farmers to return to each subsequent workshop.

Over the two workshops, there was some improvement on these measures. Tables 8, 9, & 10 indicate that the aggregate improvement was significant statistically for those at risk.

What were the principal drivers for the perceived improvements?

- Quality of presentation, interactive adult learning principles, graphic photos;
- Impact of personal health data, and personal relationship;
- Supermarket tour;
- Action plans and reporting back at the next session (using peer pressure); and
- Regular contact (follow up if data not returned, two newsletters per program).

These characteristics of the program itself were matched by a strong emphasis on personal responsibility. The program aims not simply to produce better health, but also to assist the participants to develop a strong sense of urgency in maintaining their own health, and to see it as part of a commitment to lifelong learning.

Policy Issues and Program Development

This report has documented the contributions made by the program to gathering knowledge about remote farm men and women health, its implications for their businesses, and to promoting better health amongst the farming constituency. The program has won a range of public health and partnership awards which are testimony to the recognition which it has achieved as an innovative program for addressing health issues amongst farm populations.

However, the analysis presented above provides a foundation for offering more specific policy options for consideration by federal and state governments. The scale of referrals which have arisen from this program suggests that there is reason for cooperative government action to act on the needs of farmers for better health understanding, and for assistance in learning to manage their health better than occurs at present.

“Triple Bottom Line Health Sustainability for Farmers”

It is proposed that the Sustainable Farm Families RTR program should be made available as a means of enabling farm men and women to exercise greater responsibility for their own health, wellbeing and safety, of gathering data nationally about farmer health, and for early intervention to ensure that farming families are treated appropriately for existing health issues. It should also be recognised that farm families and agricultural workers are a specific target group with different needs and requirements all the time not just in periods of market and/or climatic stresses. The SFF program commenced identifying this specific need.

Major principles underpinning a new policy initiative should include:

1. Universal access

All farming families and agricultural workers should have access to the SFF program, delivered in their locality, irrespective of age or gender, or of agricultural sector.

2. Program design

The Sustainable Farm Families program has now been tested and revised in a variety of settings. This provides confidence in recommending the specific components of the program which need to be addressed in

- Integrated government approach, with industry and health working together;
- Resourcing issues;
- Implications for education of health professionals; and
- Develop a national database on Farmer Health.

3. There has been little research on the health and wellbeing of farmers, their families and farm workers in Australia, and indeed, in any setting. In contrast to health of rural populations or some work on agricultural health and safety. There has been more research in the United States, but it is apparent that a major effort will be required to build a database which is adequate for the kind of epidemiological analysis which supports major policy development.

Developing a National Program

One of the issues with extension of the program to remote areas of Australia is the very high turnover of staff. The SFF program through WDHS has been fortunate with the original staff staying and developing the program. However, engagement and training of others has been hampered with the retention and work demand issues associated in rural and remote Australia. It does seem that part of the success of the program is the relationship developed between the farmers and the SFF team - health professionals whom they can trust, and this is clearly put at risk when there is regular staff changes. To date this has worked well in getting knowledge and skills up and running and getting participants, and building relationships with health services and training up local staff.

Managing the Rural Crisis

Sustained drought, decreased water allocations, market fluctuations and high production costs were evident in their impact on all agricultural industries from the baseline year to 12 months later. Some participants had incurred additional significant debt, others off farm income if close enough to towns or looking for other forms of work.

One proposal raised with the WDHS team has been that the program could be of particular benefit in those areas where the rural crisis was particularly severe. However, it has not been designed as a form of crisis management, and there has been some concern that this proposal could be setting the program up to fail. Notwithstanding, the program has clearly been of value in assisting farming families to manage crises when they arrive and assist in understanding the impact on health wellbeing and safety. For this to occur, the program should be established in a context in which farm families are able to participate positively, and to develop a perspective, knowledge and skills that could add to their resilience in difficult times.

The SFF team recognises the need to work with other sectors in industry, government, community and lobby groups if the program is to work effectively with farm families and move from a pilot program to an embedded way of delivering services to farming families and agricultural workers.

SFF has recognised that farm places are also workplaces and therefore a variety of external factors and environment come into play. Whilst this can make it confounding and complex it opens the way for a method of dealing with poor health outcomes and injuries from farming families that provides individual, family, workplace and community some control of the factors that affect their lives and their families. A significant part of the success of the Reaching the Remote program was based on effective intersectoral collaboration involving farmers, their industry associations, Western District Health Service and interest of local health services. The program has credibility with farm men and women because they are participating with their peers with farming industry support from the local industry supports and health services alike.

9. Conclusion

This analysis of the data from the SFF tells us much about the health status of farmers represented in the study as well as their knowledge and understanding about family health matters. Interesting amongst this information is farmer attitudes to pain, the level of alcohol consumption, understanding about own gender issues and the strategies many of the participants use to address their health.



Participants from the Walgett program

Since the SFF project has developed into other agricultural domains, such as dairy, cotton and sugar, it has become apparent that there is widespread concern amongst agricultural communities about the health and wellbeing of farm families and agricultural workers. The lack of recognition of this issue means that there is a major risk that the foundation of Australia's agricultural economy, the farm, the farm family could be in crisis, with potentially significant consequences not only for rural communities, but also all Australians. An initiative such as the Sustainable Farm Families program has the potential to provide both better research on the issue itself, and to constitute an important intervention for the better.

To conclude a quote from Western Australian RTR participants Scott and Sue

"We talk about the Reaching the Remote SFF program all the time, people are amazed at what we learnt and did, and want to know more,". "We would recommend the program to anybody and hope that there will be an opportunity to have an annual follow up."

"Decisions which are made on a personal and business level now include how it will affect our health and safety. I would now think about my health every day, and worry about the long term effect should I not take action now to improve my health and safety,"

Recommendations

Key recommendations from this project are:

1. National Program to improve farming families (including agricultural worker) health, wellbeing and safety. The role of the Australian Government is central to the health and wellbeing of our rural community. Farmers remain central to these communities as much as rural society is dependent on this economic activity. The Australian Government can take leadership in generating a national commitment to farmer health and wellbeing by establishing the framework for collaboration across the range of health, industry and educational sectors whose engagement will be central to the ongoing success of the SFF project. In the first instance this will be implemented most productively through

establishing a funded national program for regional partnerships to deliver the SFF program across Australia.

2. Including the SFF program in rural and remote community health service annual health promotion plans

Rural and remote health services are the primary service deliverers for health promotion programs like the SFF. A central feature in the success of the SFF project is the local engagement of farmers in an informative program where they both learn about basic health improvement strategies and engage in a discussion with their peers and local health professionals about the reasons for their health status. Another important feature of the SFF program is its evidence – based approach. Information on participants overall health, wellbeing and safety is collected overtime and recorded on their local health file with them understanding their cardiovascular health, (blood pressure, cholesterol, body mass index) predisposition to cancer (family history, diet, activity, exposure to sun) and diabetes (blood glucose, waist measurement, family history, lifestyle). In addition information on the causes of anxiety and depression, sexual and reproductive health and wellbeing are also provided improving the long term call on health services through early onset of conditions related to their factors which have not been understood or dealt with by individuals.

3. A partnership ethos is essential to the ongoing success of the SFF project.

There are several key factors which contribute to the success of the SFF program. These include the presentation of important health, wellbeing and safety information related to their current conditions and industry in a highly interactive manner with participants who share a common business interest; sustainable farming. The WDHS team have partnered with a wide range of institutions and organisations to design, deliver, evaluate, find and extend the program well beyond the first program with broad acre farmers. Continuation of the SFF project will largely depend on the partnerships arrangements established by key players, especially rural and regional health services.

4. An evidence- based approach is essential.

Participants returned to the SFF program over two years because they were aware of their personal health and wellbeing, and safety risks and how it relates to the likelihood of their future health status. They are empowered by knowing about the key underlying causes of health and wellbeing and safety and they where they now stand in relation to the information.

5. Leadership, research and development and institutional support for a national SFF project.

The WDHS and its partners have provided leadership, research and development support for the SFF project since its inception and extension beyond the initial cohort of broadacre farmers. With support from the Australian and Victorian governments and industry partners the WDHS has worked with universities, agricultural industry associations and community health services to extend and deliver SFF programs. For these programs to become embedded in the annual health promotion practice of rural and regional health services it will require funding **for a five year period to embed this model of service delivery.** It is recommended, therefore, that the Australian Government work with the WDHS to fund a five-year program to implement the recommendations in the report.

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Appendix 1 SFF Steering committee terms of reference document

SUSTAINABLE FARM FAMILIES STEERING GROUP



TERMS OF REFERENCE

To take responsibility for the leadership and business associated with the Sustainable Farm Families Project.

Defining and realizing benefits, monitoring budgetary strategy and ensuring project goals are reached in a timely manner.

Being accountable for the SFF project outcome.

Advocating for Sustainable Farm Families project.

MEMBERSHIP:

Susan Brumby, WDHS Community Services VIC
Professor Bruce Wilson, RMIT University Melbourne VIC
Professor John Martin, La Trobe University Bendigo VIC
Ms Susan Leahey, Australian Women in Agriculture, NSW
Ms Delwyn Seebeck, Victorian Farmers Federation, VIC
Mr Warren Straw, Department of Primary Industries VIC
Ms Liz Cotton, Department of Health and Ageing, ACT
Ms Victoria Mack, LandConnect Australia VIC
Ms Jane Fisher, Rural Industries Research Development Corporation ACT
Mr John Marriott, Farm Management 500 VIC
Ms Helen Dugdale, Cotton Research and Development Corporation (CRDC) NSW
Ms Diana Maldonado, Sugar Research and Development Corporation (SRDC) QLD
Mr Les Robertson, Sugar Research and Development Corporation (SRDC) QLD
Ms Cynthia Mrigate, Gardiner Dairy Foundation VIC

CHAIRPERSON:

Professor Bruce Wilson, RMIT University Melbourne Victoria

QUORUM:

Meeting quorum shall be a minimum of 50% of members plus one. Teleconference attendance may be available.

TERM OF OFFICE:

Committee members will serve for a term of two - three years being the life of the specific SFF Project.

FREQUENCY OF MEETINGS:

Meetings will be held quarterly in February, May, August and November. A minimum of 4 meetings per year shall be held.

FUNCTION:

- To take on responsibility for the SFF project business plan and achievement of outcomes.
- To ensure the Sustainable Farm Families project's scope aligns with the requirements of the stakeholder groups.
- To provide those directly involved in the SFF project with guidance on project business issues.
- To ensure effort and expenditure are appropriate to stakeholder expectations.
- To address any issue that has major implications for the Sustainable Farm Families project.
- To keep the SFF project scope under control as emergent issues force changes to be considered.
- To reconcile differences in opinion and approach, and resolve disputes arising from them.
- To report on SFF project progress to those responsible at a high level, such as RIRDC as funding body and WDHS Board as lead agency.

ROLE OF INDIVIDUAL STEERING GROUP MEMBERS:

- To understand the strategic implications and outcomes of initiatives being pursued through Sustainable Farm Families Project.
- To appreciate the significance of the SFF project for all major stakeholders and represent their interests.
- To be genuinely interested in the initiative and the outcomes being pursued in the Sustainable Farm Families Project.
- To be an advocate for the Sustainable Farm Families project's outcomes.
- To have a broad understanding of project management issues and the approach being adopted.
- To be committed to, and actively involved in pursuing the Sustainable Farm Families Project's outcomes.
- Steering group members report back to their respective organizations and related industries on the SFF project and Progress.

DISTRIBUTION OF MINUTES:

- *Minutes will be distributed to all Steering Group Members within ten working days of the meeting.*
- *Agendas circulated at least ten days prior to scheduled meetings.*
- *Items to be sent to Susan Brumby at least 14 days before scheduled meetings.*

Appendix 2 Pre and post knowledge report Reaching the Remote Program

WOMEN'S REPEAT QUESTIONS Year 1 & 2

Correct answers (%) and the knowledge gained in attending the workshop, questionnaire given before (pre) and after workshop (post), for the sustainable farm families program year 1 & 2 (female respondents) **Pink** denotes higher pre year 2 response than pre year 1.

Question	Correct answer (%)		Significant improvement in knowledge (P<0.05) Pre 1 – Post 1	Correct answer (%)		Significant improvement in knowledge (P<0.05)
	Pre Yr 1	Post Yr 1		Pre Yr 2	Post Yr 2	
1. Who has the better health status metropolitan or rural women?	58	94	YES	86	94	NO
4. What are the 3 major risk factors for cardiovascular (heart attack, stroke, heart disease) disease?	74	96	YES	82	98	YES
5. List 3 things that assist in the prevention of cardiovascular disease.	58	81	YES	64	81	YES
6. List 2 major risk factors for diabetes?	73	87	YES	79	93	YES
7. What does the National Heart Foundation recommend as the best form of exercise?	86	94	NO	92	98	NO
8. How much exercise does the National Heart Foundation recommend per day?	90	100	YES	100	98	NO
9. How often should you exercise per week?	57	90	YES	71	80	NO
10. The percentage of Australian adults that experience depression at some point in their lives is:	67	77	NO	49	70	YES
11. What are the risk factors for bowel cancer?	72	96	YES	92	87	NO
12. How is bowel cancer detected?	58	83	YES	70	100	YES
16. How much fat is required in grams per day in our diet?	36	87	YES	45	85	YES
17. How much fibre is required per day in our diet?	37	86	YES	49	91	YES
18. Every three days a person is fatally injured on a farm in Australia.	69	99	YES	90	96	NO
19. List two diseases which are genetically linked?	64	77	YES	71	89	YES
20. What is the leading cause of death for Australian women?	31	74	YES	59	80	YES
24. How would you rate the relationship between health and your farm productivity?	66	83	YES	69	72	NO
25. With the increase in life expectancy the average years an Australian woman will spend with a physical handicap on average is:	10	60	YES	26	78	YES
26. How often should a breast self-examination and cervical smear be performed?						
26A. Breast	48	54	NO	59	65	NO
26B. Cervical	72	94	YES	84	80	NO

WOMEN'S NON REPEAT Years 1 & 2

Correct answers (%) and the knowledge gained in attending the workshop, questionnaire given before (pre) and after workshop (post), for the Sustainable Farm Families Program Year 1 & 2 (female respondents)

Question	Correct answer (%)		Significant improvement in knowledge (P<0.05)
	Pre Yr 1	Post Yr 1	
Year 1			
2. At what age do you think the average Australian female dies?	40	61	YES
3. At what age do you think the average Australian male dies?	43	57	YES
13. Women over 50 suffer a degree of incontinence, which interferes with daily life at the rate of:	33	54	YES
14. What is hormone therapy?	76	84	NO
15. What percentage of Australian women experience mild to moderate menopausal symptoms?	29	50	YES
Question	Correct answer (%)		Significant improvement in knowledge (P<0.05)
Year 2	Pre Yr 2	Post Yr 2	
2. What do you think are the main signs or symptoms of depression (1 correct response)?	94	100	NO
3. If you thought someone you knew closely was experiencing depression, what would you do (1 correct response)?	96	100	NO
13. List two methods by which we can treat prostate cancer:	25	74	YES
14. The impotence rate in men over fifty is	11	29	YES
15. What are two treatments for impotence?	29	72	YES
22. The likelihood of stress occurring in jobs over which people have little control is more likely to occur than those people working in jobs with high level of control.	65	74	NO

MEN'S REPEAT QUESTIONS Year 1 & 2

Correct answers (%) and the knowledge gained in attending the workshop, questionnaire given before (pre) and after workshop (post), for the sustainable farm families program year 1 & 2 (male respondents)

Question	Correct answer (%)		Significant improvement in knowledge (P<0.05)	Correct answer (%)		Significant improvement in knowledge (P<0.05)
	Pre Yr 1	Post Yr 1		Pre Yr 2	Post Yr 2	
1. Who has the better health status metropolitan or rural men?	52	85	YES	83	91	NO
4. What are the 3 major risk factors for cardiovascular (heart attack, stroke, heart disease) disease?	74	89	YES	70	91	YES
5. List 3 things that assist in the prevention of cardiovascular disease.	52	77	YES*	53	68	NO
6. List 2 major risk factors for diabetes?	54	77	YES	79	77	NO
7. What does the National Heart Foundation recommend as the best form of exercise?	80	91	YES	85	91	NO
8. How much exercise does the National Heart Foundation recommend per day?	86	98	YES	97	100	NO
9. How often should you exercise per week?	36	83	YES	40	74	YES
10. The percentage of Australian adults that experience anxiety or depression is:	42	60	YES	73	74	NO
11. What are the risk factors for bowel cancer?	53	93	YES	74	79	NO
12. How is bowel cancer detected?	50	87	YES	80	73	NO
13. List two methods by which we can treat prostate cancer?	30	69	YES	24	67	YES
16. How much fat is required in grams per day in our diet?	28	91	YES	44	74	YES
17. How much fibre is required per day in our diet?	24	73	YES	41	79	YES
18. Every three days a person is fatally injured on a farm in Australia.	73	98	YES	80	94	YES
19. List two diseases which are genetically linked?	53	66	NO	75	84	NO
20. What is the leading cause of death for Australian men?	66	87	YES	77	73	NO
24. How would you rate the relationship between health and your farm productivity?	68	77	NO	68	85	YES

*NOTE: 18% answered medical examinations in the post questionnaire to 4% pre.

MEN'S NON REPEAT Years 1 & 2

Correct answers (%) and the knowledge gained in attending the workshop, questionnaire given before (pre) and after workshop (post), for the Sustainable Farm Families Program Year 1 & 2 (male respondents)

Question	Correct answer (%)		Significant improvement in knowledge (P<0.05)
	Pre Yr 1	Post Yr 1	
Year 1			
2. At what age do you think the average Australian female dies?	38	44	NO
3. At what age do you think the average Australian male dies?	24	35	NO
14. The impotence rate in men over fifty is?	22	56	YES
15. What are two treatments for impotence?	14	71	YES
Year 2	Pre Yr 2	Post Yr 2	
2. What do you think are the main signs or symptoms of depression (1 correct response)?	94	94	NO
3. If you thought someone you knew closely was experiencing depression, what would you do (1 correct response)?	89	100	NO
14. What is hormone therapy?	42	46	NO
15. What percentage of Australian women experience mild to moderate menopausal symptoms?	24	38	NO
22. The likelihood of stress occurring in jobs over which people have little control is more likely to occur than those people working in jobs with high level of control.	59	68	NO
25. With the increase in life expectancy the average years an Australian woman will spend with a physical handicap on average is:	9	59	YES
26. How often should a breast self-examination and cervical smear be performed?			
26A. Breast	11	27	NO
26B. Cervical	48	82	YES

Appendix 3 SFF reaching the remote workshop

Workshop program Year 1



AGENDA:

NIL BY MOUTH

DAY ONE:

7.00am – 8.10am:

Individual Fasting Health Assessments

8.10am –8.45am:

BREAKFAST and Focus Group discussions

8.45am – 9.00am:

Introduction of project

9.00am – 9.40am

State of rural health – how are we travelling?

9.40am – 10.45am

Cardiovascular disease – getting to the heart of things

10.45am – 11.00am:

Morning Tea

11.00pm – 12.00pm:

Cancer – you can beat it

12.00pm – 1.00pm

Farm health & safety – Where you live work and play

1.00pm – 1.30pm

Nutrition and diet (Label reading)

1.30pm – 2.00pm:

Lunch

2.00pm – 5.00pm:

Individual health assessments



DAY TWO:

8.00am –9.00 am:

Balance of Individual health assessments

9.00am – 9.15 am

Reflection of previous day learnings

9.15am, – 10.45am

Supermarket tour

10.45am –11.00pm

Morning tea

11.00am – 12.00

Stress Less

12.00pm – 12.45pm

Lunch

1.00 pm – 3..00pm:

Gender benders

3.00pm – 3.15pm

Afternoon tea

3.15pm – 3.30.pm

Post Questionnaire

3.30 pm – 4.00,pm

Action Planning; and Evaluation

4.00pm – 4.15pm

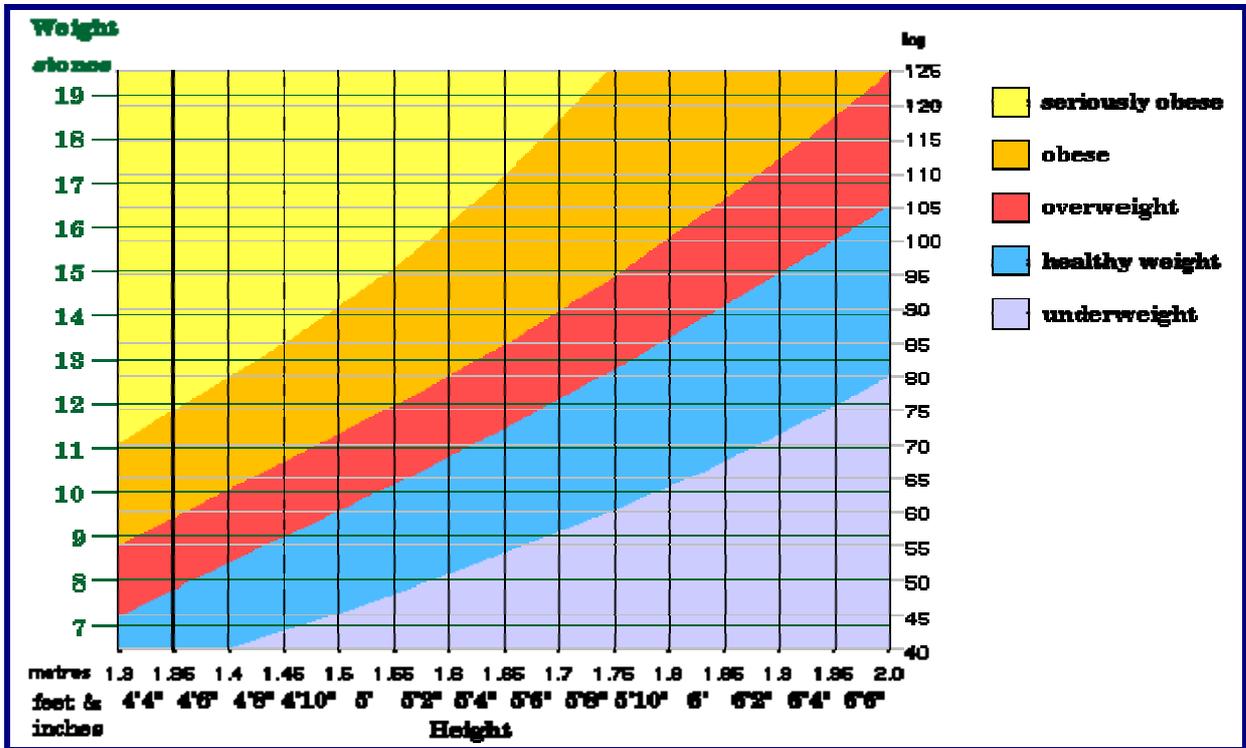
Questions and Close



Appendix 4 Physical Health Assessment

UR Label

Sustainable Farm Families Indicators



Health Indicator	Recommended Values	Initial Assessment		12 Month Review		24 Month Review	
		Weight	Height	Weight	Height	Weight	Height
Weight and height	Per individual	Weight	Height	Weight	Height	Weight	Height
Waist Hip ratio	M 1.0 to 1.0 ratio F 0.8 to 1.0 ratio	Waist	Hip	Waist	Hip	Waist	Hip
Body mass Index	M 20-25 healthy F 20-25 healthy						
Percentage of Body Fat	M 10-20% F 20-35%	%	Kg	%	Kg	%	Kg
Cholesterol level	Less than 5.5 mmols						
Blood glucose level	Less than 5.5mmol						
Blood Pressure	Below 140 systolic Below 90 diastolic						
Pulse Rate	60-100 regular						

PHYSICAL ASSESSMENT MR 087

Comment:

Sustainable Farm Families

UR Number

Physical Assessment

General Appearance and Presentation <input type="checkbox"/> Allergies <input type="checkbox"/> List medications	General comments
Genetic Evaluation <input type="checkbox"/> Family history of cancer <input type="checkbox"/> Familial link to cardiovascular disease <input type="checkbox"/> Familial link to diabetes <input type="checkbox"/> Other genetically linked disease	
Neuro assessment <input type="checkbox"/> Visual impairments <input type="checkbox"/> Frequent headaches <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Other related disorders	
Skin and mucous membranes <input type="checkbox"/> Intact <input type="checkbox"/> Disorders noted	
Cardiovascular assessment <input type="checkbox"/> Irregular pulse <input type="checkbox"/> Hypertension <input type="checkbox"/> Elevated cholesterol	
Respiratory Assessment <input type="checkbox"/> Cyanosis <input type="checkbox"/> Cough/sputum <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Smoker number per day ____	
Gastrointestinal Assessment <input type="checkbox"/> Abdominal tenderness <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Gastro intestinal indigestion/ reflux <input type="checkbox"/> Constipation/diarrhoea	
Urological Assessment <input type="checkbox"/> Stress incontinence <input type="checkbox"/> Frequency of voiding >1 per night <input type="checkbox"/> Difficulty in voiding pattern	
Sexual and Reproductive <input type="checkbox"/> Sexually active: - yes or no <input type="checkbox"/> Overdue pap smear/ mammography <input type="checkbox"/> Erectile dysfunction <input type="checkbox"/> Other issues	
Musculoskeletal Assessment <input type="checkbox"/> Joint or muscle pain <input type="checkbox"/> Other issues	
Psychosocial <input type="checkbox"/> Living arrangements (carer, partner, children) <input type="checkbox"/> Stress, anxiety or depression	

Signed: _____

Date: _____

Appendix 5 Demographics- consumer info in SCOT tool

Consumer Information

If questions is irrelevant or information not known, write Not Applicable or NA

Record Agency Assigned Consumer Identifier (by writer agency)
or affix label here

Consumer Details

Family Name: _____ Sex: Male Female
 Given Names: _____ Title: Mr Mrs Ms Other
 Date of Birth: mm/yy / yy / yy
 Preferred Name(s): _____

Contact Details

Contact Address (for correspondence, home visits etc)

 Usual Address (if different from contact address)

Contact Phone Number(s) (in preferred order). Can leave message? Y or N
 Home: _____
 Work: _____
 Mobile: _____
 Fax: _____
 Email: _____

Who the Agency Can Contact if Necessary (eg. case manager, next of kin, care provider, third emergency contact)

Person 1 Name: _____ Person 2 Name: _____
 Contact Details: _____ Contact Details: _____

 Phone: _____ Phone: _____
 Relationship to Client: _____ Relationship to Client: _____

General Practitioner (if not GP write NA)

Name: _____
 Address: _____
 Phone: _____
 Fax: _____
 Email: _____

Western District Health Service

Office Use Only:
 Name: _____ Designation: _____
 Sign: _____ Date: _____
If information becomes superseded, indicate below and record updated information on a new form
 The information on this form has been superseded
 Date: _____ Name: _____ Sign: _____

Consumer Information

If questions is irrelevant or information not known, write Not Applicable or NA

Record Agency Assigned Consumer Identifier (by writer agency)
or affix label here

Service Requested

Notes: (including alerts and comments on risks, urgency and access issues)

Main Language Spoken at Home
 Record: (1) English
 (2) Other
 If other, specify: _____

Interpreter Required
 Record: (1) Interpreter not needed.
 (2) Interpreter needed.

Preferred Language
(if not spoken English). Include sign language, and any required communication devices or special interpreter needs.

Government Pensioner/ Benefit Status
 Record: (1) Aged Pension.
 (2) Veterans Affairs Pension.
 (3) Disability Support Pension.
 (4) Carer Payment (person).
 (5) Unemployment-related benefits.
 (6) Other gov. pension or benefit.
 (7) No gov. pension or benefit.
 Card Number: _____

DVA Card Status
 Record: (1) No DVA Card.
 (2) Yes Gold Card.
 (3) Yes White Card.
 (4) Yes Other DVA Card.
 DVA Card Number: _____

Insurance Status
 Insurer Name and Card Number: _____
 Medicare Number: _____
 Health Care Card Number: _____

Source of Referral
 Record: (1) Self. (2) Family/significant other/friend.
 (3) GP/medical practitioner (community-based).
 (4) Specialist aged or disability services team/service (eg. ACAT).
 (5) Comprehensive HACC assessment authority.
 (6) Community nursing services. (7) Hospital (public).
 (8) Psychiatric/Mental health service or facility.
 (9) Extended care/rehabilitation facility. (10) Palliative care facility/hospice.
 (11) Government residential aged care facility.
 (12) Aboriginal health service. (13) Carelink centre.
 (14) Other community-based government medical/health service.
 (15) Other government medical/health service.
 (16) Other government community-based services agency.
 (17) Hospital (private). (18) Non-government residential aged care facility.
 (19) Other non-government medical/health service.
 (20) Other non-government community-based service.
 (21) Law enforcement agency.
 (22) Other.
 Source of Referral Contact Details: _____

Country of Birth
 Record: (1) Australia. (2) Other.
 If other, specify: _____

Indigenous Status
 Record: (1) Aboriginal but not Torres Strait Islander origin.
 (2) Torres Strait Islander but not Aboriginal origin.
 (3) Both Aboriginal and Torres Strait Islander origin.
 (4) Neither Aboriginal nor Torres Strait Islander origin.

Office Use Only: C1 Page 2 of 2
 Name: _____ Designation/Agency: _____
 Sign: _____ Date: _____ Contact number: _____
If information becomes superseded, indicate below and record updated information on a new form
 The information on this form has been superseded
 Date: _____ Name: _____ Sign: _____

Appendix 6 Health conditions and behaviours

Profile: Health Conditions

If question is irrelevant or information not known, write Not Applicable or NA

Record Agency Consumer Identifier (initial contact agency) _____

or affix label here

Overall Health

In general, how would you say your health is?

- Excellent
- Very Good
- Good
- Fair
- Poor

How much did your health interfere with your normal activities (outside and/or inside the home) during the past 4 weeks?

- Not at all
- Slightly
- Moderately
- Quite a bit

Hearing

How is your hearing?

- Excellent
- Very Good
- Good
- Fair
- Poor

Do you wear a hearing aid?

- Yes
- No

How much bodily pain have you had during the past 4 weeks?

- None
- Very Mild
- Moderate
- Severe
- Very Severe

Vision

How is your eyesight for reading?

- Excellent
- Good
- Fair
- Poor

How is your long distance eyesight?

- Excellent
- Good
- Fair
- Poor

Falls

Have you had a fall inside/outside the home in the past 6 months?

- Yes
- No

If yes, record number of falls

Do you wear glasses?

- Yes
- No

Health Conditions (include all issues eg. Allergies, acute medical conditions, disabilities, continence, dental, developmental problems)

1. _____

2. _____

3. _____

4. _____

5. _____

Current Medications (include prescriptions, over-the-counter and alternate products)

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

Comments

Office Use Only

Name:

Designation/Agency: **WDHS Community Services**

Sign:

Date:

Contact Number: **(03) 555 18450**

Profile: Health Behaviours

If question is irrelevant or information not known, write
Not Applicable or NA

Record Agency Assigned Consumer Identifier (initial
contact agency)

_____ or affix label here

Smoking

- Never smoked
 - Has quit smoking
 - Currently smokes
- If quit, record when
Date/Year _____

Alcohol

How often do you have a drink containing
alcohol?

- Never – if never, proceed to next
question
- Monthly
- Once a week
- 2 to 4 times per week
- 5+ per week

*How many standard drinks do you have on a
typical day when you are drinking?*

- 1 to 2
- 3 to 4
- 5 to 6
- 7 to 8
- 8+ per day

*How often do you have more than 6
standard drinks on one occasion?*

- Never
- Monthly
- Once a week
- 2 to 4 times per week
- 5+ per week

Breast Screen

- Yes No
- If yes, record when
Date/Year _____

Pap Smear

- Yes No
- If yes, record when

Date/Year _____

Physical Activity

Would you accumulate 30 minutes or more of
moderate intensity physical activity on most
days of the week?

- Yes No

Physical Fitness

activity you could do for at least 2 minutes?

- Very heavy** (eg, run, fast pace; carry a
heavy load upstairs or uphill of 25 lbs/10kg)
- Heavy** (eg, jog, slow pace; climb stairs or
A hill at moderate pace)
- Moderate** (eg, walk, medium pace; carry a
heavy load level ground 25 lbs/10 kg)
- Light** (eg, walk, medium pace; carry a light load
level ground 10 lbs/5 kg)
- Very Light** (eg, walk, slow pace; wash dishes)

Comments, including other relevant
Issues (eg, other substance use, safe
sex practices):

Office Use Only

Name: _____ Designation/Agency: **WDHS Community Services**

Sign: _____ Date: _____ Contact Number: **(03) 555 18450**

Appendix 7 Kessler K 10 mental health survey

Health and Well Being

Record Agency Assigned Consumer Identifier (initial contact agency) _____

or affix label here

For all questions, please fill in the appropriate response circle with a tick ✓

In the past 4 weeks:	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. About how often did you feel tired out for no good reason?	<input type="radio"/>				
2. About how often did you feel nervous?	<input type="radio"/>				
3. About how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>				
4. About how often did you feel hopeless?	<input type="radio"/>				
5. About how often did you feel restless or fidgety?	<input type="radio"/>				
6. About how often did you feel so restless you could not sit still?	<input type="radio"/>				
7. About how often did you feel depressed?	<input type="radio"/>				
8. About how often did you feel that everything is an effort?	<input type="radio"/>				
9. About how often did you feel so sad that nothing could cheer you up?	<input type="radio"/>				
10. About how often did you feel worthless?	<input type="radio"/>				

Personal and Social Support

During the past 4 weeks, was someone available to help you if you needed and wanted help? For example, if you:

- Felt very nervous, lonely or blue
- Got sick and had to stay in bed
- Needed someone to talk to
- Needed help with daily chores
- Needed help just take care of yourself

- Yes, as much as I wanted
- Yes, quite a bit
- Yes, some
- Yes, a little
- No, not at all

Office Use Only

Name:	Designation/Agency: WDHS Community Services
Sign:	Date: Contact Number: (03) 555 18450

Appendix 8 Farm Safety Survey

Please take time to complete this survey

1. Please indicate the main type of farming undertaken. (tick the relevant boxes)

Enterprise	Tick	Enterprise	Tick
a) Cattle	<input type="checkbox"/>	e) Cotton	<input type="checkbox"/>
b) Sheep	<input type="checkbox"/>	f) Viticulture	<input type="checkbox"/>
c) Cropping	<input type="checkbox"/>	g) Market Gardening	<input type="checkbox"/>
d) Dairy	<input type="checkbox"/>	h) Sugar	<input type="checkbox"/>

2. Please tick the table below to indicate your immunisations for the following.

Vaccination	Yes	Year	No	Not sure	Vaccination	Yes	Year	No	Not sure
Tetanus					Flu				
Hepatitis B					Meningococcal				
Q Fever					Other				

3. Do you use **chemicals (pesticides, herbicides, strong detergents)** on your Farm?

Yes Occasionally No

If yes or occasionally, what protective gear is used when applicable:

a) Overalls c) Goggles/Safety glasses
 b) Mask d) Gloves e) Other.....

4. When using workshop or outdoor equipment eg lawn mower, power tools, post hole driver/auger or assisting in the use of these, do you wear protective gear?

Yes Occasionally Never Don't ever use or assist

If yes or occasionally please indicate:

a) Goggles/Safety glasses c) Gloves
 b) Ear muffs d) Other

5. Do you use any sun protection? Yes all the time Usually Occasionally Never

What do you use?

a) Long sleeved shirts c) Peak hat e) Long pants g) Other.....
 b) Broad brim hat d) Sunglasses f) Sun cream – **SPF rating**

6. Have you suffered any farm injury / illness in the last 12 months? Yes No

If yes, proceed to question 7

If no, proceed to question 11

7. What was the contributing factor? (Please tick and indicate)

- a) Farm vehicle (eg ruck,ATV,ute).....
 b) Mobile plant/ Machinery (eg tractor, auger, posthole driver).....
 c) Fixed plant equipment (handpiece, pump, dairy plant, irrigation plant).....
 d) Workshop equipment (eg welder, angle grinder, drills).....
 f) Materials (eg rope, wire, nail).....
 h) Animal(horse, cattle, sheep, pigs, spider, dog).....

- i) Chemical (eg pesticide, herbicide, diesel, explosives).....
- j) Working environment (eg sun, dust, smoke exposure).....

8. Description of Injury - please provide a brief description of the injury.

What were you doing?.....

.....

What went wrong?.....

.....

What actually caused the injury?.....

Eg: *During harvest I was climbing on the ford 5000 tractor. I slipped off the tractor and my head hit the ground.*

Eg: *I was lamb marking and vaccinated myself with Coopers 5:1 vaccine using a disposable vaccinator.*

9. What was the body location of the injury?.....

10 a. What was the nature of injury? (Please tick and indicate)

- a) Soft tissue injury (eg cut, puncture, bruise, burn, foreign body).....
- b) Bone, tendon, joint (fracture, sprain).....
- c) Animal related illness (eg leptospirosis, scabby mouth).....
- d) Other (poisoning, inhalation, absorption).....

10 b. What treatments were involved? (Please tick and indicate)

- a) None (did nothing).....
- b) Self managed (ice, pain killers, bandage, rest).....
- c) Health Service (bush nursing, hospital).....
- d) General Practitioner
- e) Other (physiotherapy, chiropractor, naturopath).....

11. Do all your tractors have a ROP fitted? Yes No

12. Do all your PTO have guards in place? Yes No

13. Have you undertaken a First Aid Certificate? Yes Year..... No

14. Do you know how to perform basic life support? Yes No

15. Do you have an emergency/ evacuation plan? Yes No

16. Do you wear a motorcycle helmet when on a motorbike or ATV?

Yes all the time Usually Occasionally No Never ride or a passenger

If you don't wear a helmet all the time, why not?.....

.....

17. Do you eat your own meat (eg slaughter/contract kill) Yes No

If yes, what kinds of meat (eg lamb, beef, pork)

.....

Thankyou

Appendix 9 Pre/Post Knowledge Questionnaire

Sustainable Farm Families Pre / Post Knowledge Questionnaire (Men)

These questions give us the ability to assess your pre and post education knowledge and awareness and allow us to help better structure education sessions and teaching techniques. Please answer the questions listed; if you are unsure of the answer please leave the question blank. No names are required **but please fill in your U.I with the number on the back of your name tag.**

1. Who has the better health status metropolitan or rural men? _____
2. At what age do you think the average Australian female dies?
 - 65-70
 - 70-75
 - 75-80
 - 80-85
3. At what age do you think the average Australian male dies?
 - 65-70
 - 70-75
 - 75-80
 - 80-85
4. What are the **3 major risk factors** for cardiovascular (heart attack, stroke, heart disease) disease?

5. List 3 things that assist in the prevention of cardiovascular disease. _____

6. List 2 major risk factors for diabetes? _____
7. What does the National Heart Foundation recommend as the best form of exercise?
 - Brisk walking
 - Cycling
 - Swimming
 - Running
8. How much exercise does the National Heart Foundation recommend per day?
 - 10 minutes
 - 30 minutes
 - 60 minutes
 - 2 hours
9. How often should you exercise per week?
 - 3 times
 - 5 times
 - 7 times
 - 10 times
10. The percentage of Australian adults that experience anxiety or depression is:

- 20%
- 10%
- 5%
- 2%

11. What are the risk factors for bowel cancer?

12. How is bowel cancer detected? _____

13. List two methods by which we can treat prostate cancer? _____

14. The impotence rate in men over fifty is

- one quarter of all men
- over one third of all men
- over half of all men
- over two thirds of all men

15. What are two treatments for impotence? _____

16. How much fat is required in grams per day in our diet?

- About 10 grams per day
- About 30 grams per day
- About 40 grams per day
- About 50 grams per day

17. How much fibre is required per day in our diet?

- About 10 grams per day
- About 30 grams per day
- About 40 grams per day
- About 50 grams per day

18. Approximately every three days a person is fatally injured on a farm in Australia.

- True** or **False**

19. List two diseases that are genetically linked?

20. What is the leading cause of death for Australian men?

- Cardiovascular Disease
- Cancer
- Diabetes
- Accidents, (including road) poisoning, injury, violence

21. How would you rate your current health status now?

- Poor
- Average
- Better than average
- Fantastic

22. How do you rate your weight and physical assessment indicators (blood pressure, cholesterol, weight)

- Poor
- Average
- Better than average
- Fantastic

23. Do you feel you have a good understanding of your health?

- Yes totally understand
- Not fully aware
- Have no idea at all
- Would like to know more

24. How would you rate the relationship between health and your farm productivity?

- Very Important
- Important
- Slightly important
- Not important

Thank you for you time and involvement

<insert name>



Sustainable Farm Families Pre / Post Knowledge Questionnaire (Women)

These questions give us the ability to assess your pre and post education knowledge and awareness and allow us to help better structure education sessions and teaching techniques. Please answer the questions listed; if you are unsure of the answer please leave the question blank. No names are required **but please fill in the U.I with the number on the back of your nametag.**

1. Who has the better health status metropolitan or rural women? _____

2. At what age do you think the average Australian female dies?
 - 65-70
 - 70-75
 - 75-80
 - 80-85

3. At what age do you think the average Australian male dies?
 - 65-70
 - 70-75
 - 75-80
 - 80-85

4. What are the 3 **major risk factors** for cardiovascular (heart attack, stroke, heart disease) disease?

5. List 3 things that assist in the prevention of cardiovascular disease. _____

6. List 2 major risk factors for diabetes? _____

7. What does the National Heart Foundation recommend as the best form of exercise?
 - Brisk walking
 - Cycling
 - Swimming
 - Running

8. How much exercise does the National Heart Foundation recommend per day?
 - 10 minutes
 - 30 minutes
 - 60 minutes
 - 2 hours

9. How often should you exercise per week?
 - 3 times
 - 5 times
 - 7 times
 - 10 times

10. The percentage of Australian adults that experience anxiety or depression is:

22. How do you rate your weight and physical assessment indicators (blood pressure, cholesterol, weight)

- Poor
- Average
- Better than average
- Fantastic

23. Do you feel you have a good understanding of your health?

- Yes totally understand
- Not fully aware
- Have no idea at all
- Would like to know more

24. How would you rate the relationship between health and your farm productivity?

- Very Important
- Important
- Slightly important
- Not important

25. With the increase in life expectancy the average years an Australian woman will spend with a physical handicap on average is:

- 14 years
- 10 years
- 5 years
- 2 years.

26 . How often should a breast self-examination and cervical smear be performed?

a. Breast Examination _____ b.Cervical Smear _____

27. How often do you do a breast self examination and have cervical smear?

a. Breast _____ b.Cervical Smear _____

Thank you for you time and involvement

<insert name>



Appendix 10 Workshop Evaluation

Reaching the Remote Program Evaluation Form

ID Code Date:/...../..... Venue:

Session	1	2	3	4	5	6	7	8	9	10
Rank each question 1 2 3 4 Strongly Disagree Agree Strongly disagree agree	State of rural health	Cardio-vascular disease	Cancer	Farm health & safety	Diet and Nutrition	Stress	Wise women's business	Wise men's business	Action planning	Physical assessment
					Super-market tour					
Training Sessions										
The session was successful in updating my <u>knowledge</u> about										
The session was successful in updating my <u>awareness of how I can influence</u> my health status										
I can see how I can <u>apply</u> the content of the session in my life and work										
There was appropriate balance between information giving, activities and questions										
The session was conducted at an appropriate pace ...										
I found the language and concepts easy to grasp ...										
Resource Kit										
The resource kit is an excellent guide and resource										
The resource kit is easy to read...										
Learning Outcomes										
I was an active learner in the session ...										
Course Organisation										
The organisation of the session positively assisted learning and understanding										

Are there any specific issues that you would like further information about or comments you would like to make?

Comments about the course overall (to be completed at the conclusion of the program)	
The venue and food were appropriate	Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> Comment:.....
The pre-course information was appropriate *	Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> Comment:..... <i>* Plain language statement, consent form, participation letter, final reminder letter</i>
I was <u>comfortable</u> with the format of the course and the discussions?	Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree <input type="checkbox"/> Comment:.....
The course should be:	Longer <input type="checkbox"/> Shorter <input type="checkbox"/> More practical <input type="checkbox"/> Not changed <input type="checkbox"/> Comment:.....

Comments about the course overall (to be completed at the conclusion of the program)

Would you recommend the course to your friends or industry people? Yes No
Give reasons for your answer.

What did you like about the course overall?

What do you think could be improved?

If you were asked to justify to an organisation or another person why health should take on an increased importance in rural life, would you feel confident of being able to present a good argument? Please explain briefly.

Did the program make you feel more empowered about men's / women's health?

Appendix 11 Participant Action Planning Reaching the Remote

SUSTAINABLE FARM FAMILIES ACTION PLAN – YEAR 1

NAME: _____

(Please Print Name)

PROGRAM VENUE:

<i>Action</i>	<i>How I plan to achieve my action</i>	<i>How I can share my actions and outcomes with the group</i>
<i>E.g. 1: Reduce my weight</i>	<i>Plan to walk 5 mornings for 20 minutes; by gym equipment .</i>	Report on weight loss and success of activities.
<i>E.g. 2: Improve farm OH&S</i>	<i>Do OH&S Audit; build chemical shed.</i>	<i>Share OH&S Audit outcomes.</i>
1.		
2.		
3.		

Please indicate if you wish us to send you specific assistance literature and resources to help with any of your goals.

Signed: _____ Date: _____

Send this form back in the enclosed reply paid envelope

Put this somewhere you will read it each day

(the loo is a good spot)

1. No one can ruin your day without YOUR permission.
2. Most people will be about as happy, as they decide to be.
3. Others can stop you temporarily, but only you can do it permanently.
4. Whatever you are willing to put up with is exactly what you will have.
5. Success stops when you do.
6. When your ship comes in, make sure you are willing to unload it.
7. You will never "have it all together."
8. Life is a journey...not a destination. Enjoy the trip!
9. The biggest lie on the planet: "When I get what I want, I will be happy."
10. The best way to escape your problem is to solve it.
11. I've learned that ultimately, 'takers' lose and 'givers' win.
12. Life's precious moments don't have value, unless they are shared.
13. If you don't start, it's certain you won't arrive.
14. We often fear the thing we want the most.
15. He or she who laughs.....lasts.
16. Yesterday was the deadline for all complaints.
17. Look for opportunities...not guarantees.
18. Life is what's coming....not what was.
19. Success is getting up one more time.
20. Now is the most interesting time of all.
21. When things go wrong.....don't go with the flow.

Author Unknown

Appendix 12 Action Plan Achievement

Action Plan Achievement.

The Martin Performance Scale

5. Great results! Beyond my expectations
4. Had an impact that others could see
3. Followed through with moderate results
2. Got started for a few weeks
1. Thought about it
0. Did absolutely nothing

Appendix 13 Business Decisions Survey



BUSINESS DECISIONS SURVEY

Sustainable Farm Families

A key objective of the Sustainable Farming Families project is to evaluate the impact of this health education and research program on farm families' business decisions. This survey is intended to help in gathering data that will allow us to undertake this evaluation. As with the other survey data collected as part of this project, your response will remain confidential to the project team.

QUESTIONS:

1. What is a 'business decision' for you?

(please tick only **one** of the following options that best summarises your view)

- A decision with financial implications
 - All farming decisions are business decisions
 - 'Big' decisions which change the way that you do things
 - (eg, new wool shed, change of enterprise)
 - Making the best use of all your resources (including people)
 - Decisions about operational processes
 - Other? (Please specify) _____
-

2. Can you list the five main factors that influence your business decisions?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

3. How often do you consider significant change (eg time of calving, level of debt, sowing mix, enterprise change) to the enterprises on your farm? (please tick only **one of the following options that best summarises your view)**

- Every few months
- Once a year
- Whenever we have a bad year
- When I see a real new opportunity
- When another member of the family, neighbour or colleague suggests it

Other? (Please specify)

4. **What are the major factors you consider when making a decision about significant change?** (please tick any of the following options that apply to you)

- Investment risk
- Quality of family life
- Your health
- What you will be able to pass on to your children
- Impact on farm management / organisation
- Profitability
- Impact on the land
- Other? (Please specify) _____

5. **Has the sustainable farm families program prompted you to think differently about managing the work on the farm?**

(please tick any of the following options that apply to you)

- Recruiting additional staff?
- Taking holidays more regularly?
- Spending more time with family?
- Changing the enterprises?
- Specific action to improve your health (eg. weight loss, walking more)?
- Adopting different farm management systems?
- Improving farm safety practices?
- Increased use of contractors
- Other? (Please specify) _____

6. Do you think that improving your health helps you to make better business decisions?

- Yes
- No
- Not sure

What are your reasons for giving this response? _____

7. **Which aspects of improving your health and safety make a real difference to your business decision-making?** (see Q.1 for response to business decisions)

Please rank these from '1' to '5', with '1' as the most important

- _____ Better physical fitness?
- _____ Less concern about stress?
- _____ Better diet?
- _____ Better farm safety practices?
- _____ Better understanding of the impact of poor health?

Please note any other aspects: _____

8. Which aspects of improved health and safety make a real difference to your general contribution to work on the farm?

(please rank these from '1' to '5', with '1' as the most important, and 5 as the least important)

- _____ Better physical fitness?
- _____ Less concern about stress?
- _____ Better diet?
- _____ Better farm safety practices?
- _____ Better understanding of the impact of poor health?

Please note any other aspects:

9. Since doing the Sustainable Farm Families program has your amount of leisure time?

(please tick **one** of the following options that apply to you)

- Increased
- Stayed about the same
- Decreased
- Other? (Please specify) _____

10. Since doing the SFF program have your on farm working hours?

(please tick **one** of the following options that apply to you)

- Increased
- Stayed about the same
- Decreased
- Other? (Please specify) _____

Any other comments about the relationship between farm family health and safety on farm business decisions

Thankyou

Appendix 14 Copy of sample abstracts for conferences

Reaching the Remote: grappling with location, environment, behaviours and attitudes

Susan Brumby¹, Stuart Willder²

Western District Health Service, PO Box 283, Hamilton. 3300. susan.brumby@wdhs.net

Western District Health Service, PO Box 283, Hamilton. 3300 stuart.wilder@wdhs.net

Introduction

Australia's pastoralists live in the most isolated parts of the least populated continent on earth (excluding Antarctica). Access to health services, health information and transport are impeded by distance, climate, workforce and cultural factors. Remote agriculture has the added involvement of special populations including short term workers, children, school leavers, indigenous and older individuals and ageing family members.

In 2006 the Commonwealth Government Department Health and Aging funded the Western District Health Service, based in Hamilton, Australia to deliver an evidence based program Reaching the Remote to pastoralists in locations classified as remote or very remote by the Accessibility Remoteness Index of Australia (ARIA 2001).

Method

The Reaching the Remote program based on the successful Sustainable Farm Families (SFF) project (www.sustainablefarmfamilies.org.au) conducted two years of workshops with pastoralists in remote New South Wales, Queensland, Western Australia and Northern Territory. The program featured the application of evidence-based health promotion approaches and engaged with farm families in an educative, empowering and proactive manner including contemporary social learning techniques. Quantitative (clinical indicators, changes over time) and Qualitative data (focus groups, self reported data, behaviour changes, changes in business) were collected.

Results

120 pastoralists attended eight two year programs with some participants travelling 650 kilometres one way to be part of the program. Improvement in numerous clinical indicators as well as behavioural and attitudinal changes over 2 years were measured. Positive changes suggest that the application of evidence-based approaches and engaging with pastoralists in an educative and proactive manner with appropriately trained health professionals has empowered them to make a difference in their health status. Alerting pastoralists to cultural habits and behaviours that are health limiting such as accepted high alcohol consumption was also identified.

Conclusion

The Reaching the Remote program demonstrates that when pastoralists are provided with information relevant to their health, wellbeing and safety they include these factors in both day-to-day and strategic decision making about their business.

This paper makes recommendations supporting health promotion and early intervention for prevention of disease and injury, including a proactive response from agricultural industry groups, rural health services and government.

Presentation and paper delivered at the 6th International Symposium on Public Health and Rural Ecosystems, Saskatoon, Canada 2008

Appendix 15 Copy of SFF Reaching the Remote Newsletter 1

July 2007
Newsletter 1

GREATER WESTERN AREA HEALTH SERVICES
NSW@HEALTH

HUNTER NEW ENGLAND
NSW@HEALTH

The Sustainable Farm Families acknowledges collaboration with the above partners.

Program Coordinators:
Sue Brumby
Stu Willder

W.D.H.S. Hamilton
Phone 03 55518450 for more information.

<i>Year one report</i>	1
<i>Workshop dates for 2007</i>	1
<i>Statistical results</i>	2
<i>Alcohol and your health</i>	3
<i>Cervical cancer</i>	3
<i>Quiz: Know the Facts</i>	3
<i>Diabetes</i>	4
<i>A prompt from the team</i>	4

- Remember to keep your action plans active in your mind as we expect to hear about the progress you have made when we return to each of the areas in 2007-2008
- It's never too late to address these!

Western District Health Service

Sustainable Farm Families

Reaching the Remote

Congratulations to all who have been involved in what many believe to be a ground breaking program for rural and remote farm families.

A total of 121 participants were involved in the project, with 34 from Western Australia, 35 from the Northern Territory, 24 from Queensland and 28 from New South Wales. There were 70 females and 51 male participants across the project. The participants ranged from 22 to 74 years old with an average age of 44.

Aims for the remainder of 2007 are keeping you all motivated, maintaining accurate statistical data and reporting to industry & government an accurate reflection of the state of remote farming family health.

Some comments from participants:

'It puts the spotlight on you and your health'.

'Improved health leads to better production and better outcomes'

Highlights for year one included successfully accomplishing the following goals

- Delivery of workshops to the designated areas, Esperance, Cascade (WA) Tennant Creek, Katherine (NT) Mt Surprise, Georgetown (QLD) Walgett & Burren Junction (NSW).
- Registration and data collection on all participants.
- All within budget.

By now you should have all received your action plans. These are to help you keep on track and achieve your goals. Some actions to date include: *'Improve Farm OH&S'*, *'Take kids on a great fishing trip'* and *'Lose weight and tone up'*.

We hope you enjoy this newsletter and in spite of the seasonal challenges keep up your focus on good health, wellbeing and safety.

The SFF Teams

Upcoming workshop dates 2007

Tennant Creek
5-6th November

Katherine
8-9th November

Mt Surprise & Georgetown
26-30th November

Stressed???

Remember that stress comes in many forms including rashes, insomnia, illness and agitation. Be aware of your body and acknowledge stressful times. Revisit the techniques from Chapter 6, "Stress" in your SFF Resource Manuals.

Keen participants from Walgett and Burren Junction

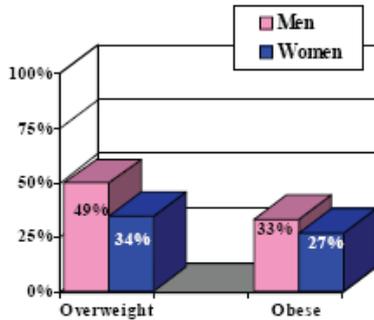
Preliminary Results from Year 1

Body mass index (BMI) is used to estimate your total amount of body fat.

Our results show that there were 82% of males either overweight (BMI>25) or obese (BMI>30) whilst there were 61% of women either overweight or obese.

We encourage all participants to get into the healthy BMI range by managing their 30 minutes of exercise five times a week and maintaining a healthy diet!

Percentages of participants with overweight or obese BMI Scores



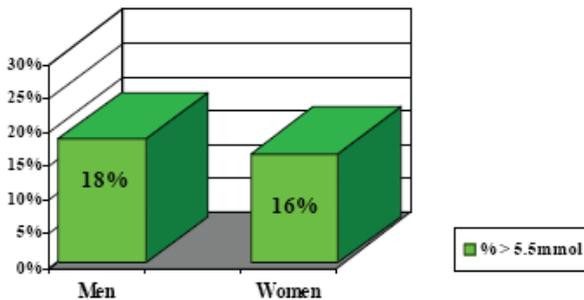
Risks of being overweight and physically inactive

If you are overweight (BMI over 25) and physically inactive, you may develop:

- Cardiovascular (heart and blood circulation) disease
- Gall bladder disease
- High blood pressure (hypertension)
- Diabetes
- Osteoarthritis
- Certain types of cancer, such as colon and breast cancer.

<http://www.betterhealth.vic.gov.au>

Percentage of participants with fasting cholesterol over 5.5mmol



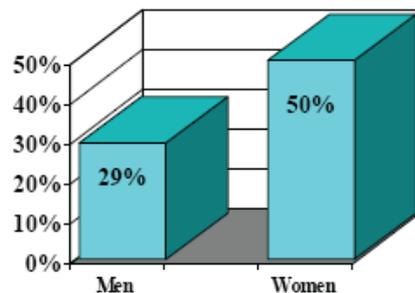
Cholesterol

The graph to the left highlights the percentage of participants with cholesterol levels of greater than 5.5mmol (risky). If you were a participant finding out about high cholesterol, then remember to eat lean red meat and low fat dairy products to help reduce your cholesterol into the healthy range. Medical specialists believe that levels above 5.5 indicate an increased risk for vascular disease such as heart disease and strokes. Remember reducing your intake of saturated fat is best for lowering your cholesterol level. Saturated fat is found in animal fats, dairy (choose lower fat options) coconut and palm oil (often used in take-aways and commercially prepared biscuits).

Body fat distribution and health risk

www.betterhealth.vic.gov.au
A person's waist circumference is a better predictor of health risk than BMI. Having fat around the abdomen or a 'pot belly', regardless of your body size, means you are more likely to develop certain obesity-related health conditions. Studies have shown that the distribution of body fat is associated with an increased prevalence of diabetes, hypertension, high cholesterol, cardiovascular disease and more recently cancer. The Better Health Channel estimates that a waist size of 88cms or more equates to substantially increased risk for women. The cut off for men for substantially increased risk is 102cms. However, public health officials estimate that many people, and even a significant number of doctors, remain unaware of the link between waist circumference and heart attacks. The graph to the right indicates that 29% of men and 50% of women have an abdominal measurement of high risk. We look forward to seeing how these results change in our second year workshop. Remember, a healthy balanced diet with regular exercise is the only long term measure for reducing weight.

Percentage of participants with a waist measurement of high risk
Men>102cms Women >88cms





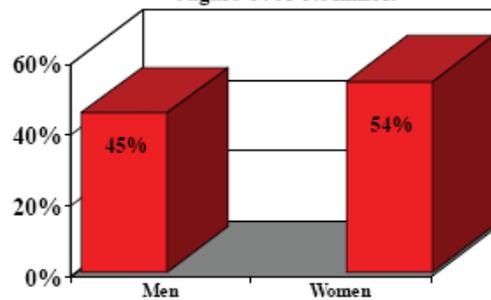
I'm a farmer. At least I used to be until I was diagnosed with skin cancer. My whole world changed from that moment on. Weeks of chemo, long stays in hospital, I even had to get my son back to run the farm. It's been real tough on the whole family. If I have one message for farmers, it would be that it's not worth it to put things off and put themselves and their families through what we've been through. If you work outside, *always* wear a wide-brimmed hat, long-sleeved shirt, sunglasses and regularly apply sunscreen". Les Colman

Diabetes: The Silent Epidemic.

In pre-diabetes blood glucose levels are higher than normal but not high enough to be called diabetes. Pre-diabetes has no warning signs or symptoms. Each year, in your early morning assessments we test your fasting blood glucose and people greater than 5.5mmols are referred for further follow up and/or diet advice. Remember the glycaemic index in Diet and Nutrition?

The results from the fasting blood glucose levels show interesting statistics. From the graph it can be seen that there was a 45% incidence of 'risky' blood sugar levels for men and a 54% incidence of 'risky' blood sugar levels for women. The average blood sugar level was 5.8mmol for males and 5.6 for females. Research from the US, Finland and China show that moderate weight loss, and exercise reduce the risk of pre-diabetes developing into type 2 (mature onset diabetes) and help reduce your blood glucose levels. If you are one of these people, finding out about your blood sugar level gives you a chance to make some changes. In year 2 workshops, we talk about diabetes in more detail. Meanwhile, attempt to reduce fat intake, watch diet, exercise more and read your food labels to make better choices!

Percentage of participants with fasting blood sugars over 5.5mmols



"A Prompt from the team"

Keeping track of our new healthy living plan can be a bit difficult as we attend to the daily task of running our farms and families. How can you keep a record of relevant information to support your Sustainable Farm Families action plans? Of course it depends on what you have set out to achieve, but how about:

- A weekly reflection with the family over a healthy dinner on what you have achieved in the past week and what you might do differently next week.
- Keep a record of actual times of planned activity (walking, catching up with friends, personal phone calls etc).
- Take physical measures less frequently (weight, height if you need to grow!), and don't be preoccupied with them.
- Discuss how the farm safety changes are going, what you have learnt and what has worked well
- Most of all enjoy the modest challenges you have set and enjoy the time out from your busy schedule.

Good luck with your goals and challenges, we look forward to seeing how far you have all progressed in the next workshop!

PROTECT YOUR FARM'S MOST IMPORTANT ASSET. YOU.



Appendix 16 Example of media release for Reaching the Remote

1. Barkly Beef

Sustainable Farm Families

On November 5 and 6 2007, station managers, partners and staff from the Tennant/Creek Barkly region returned for the second year of the award winning Sustainable Farm Families program, held at DPIFM Tennant Creek. The first workshop was held in November 2006 and 2007 saw 85 per cent of participants return.

Katherine SFF coordinator Sara Potter joined Susan Brumby, the program coordinator from Western District Health Service, Andrew Smith and Bronwyn Cuthbertson from Victoria to run the one and a half day workshop. They also met with staff and visited the Tennant Creek RFDS General Practice.

The Sustainable Farm Families (SFF) project was brought to the Barkly / Tennant Creek region by the Department of Health and Ageing and Western District Health Service (Hamilton Vic), the initiator of SFF.

As one of the Tennant Creek participants commented *"It raises awareness of health issues and makes you think more about your own health and how your lifestyle is affecting your health."*

The SFF program has provided a wonderful opportunity for pastoral families in the Barkly region to take positive action about their health. Topics covered in the second year include depression, anxiety, physical activity, diabetes and swapped the gender sessions around. Participants were given the opportunity to discuss their health, wellbeing and safety plans, under go another health assessment, and see how they had applied the program to improve their health, well being and safety.

The Federal Government Department of Health and Ageing has supported the program for remote Australia by funding SFF workshops in the Northern Territory, Georgetown (Q) and Mt Surprise (Q), as well as Walgett (NSW) and Esperance (WA).

SFF was developed by farmers, health services, university and farm industry groups as a response to higher illness and premature death rates in farming families.

"The good health of a pastoralist and pastoralist family is the single most important investment that an agriculture business can have. Understanding its vital role to you, your family and your business is important and makes good sense", said Ms Susan Brumby Program Coordinator, Western District Health Service.

To date, over 700 farm and pastoral family members have participated in the program, and 100 per cent have said they would recommend undertaking the SFF to other pastoral or farming families. Ms Brumby also commented on the distances and commitment the Barkly people put into attending. The program has just been awarded the inaugural Victorian Health Care Association Initiative in Population Health.

Contact:

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www.sustainablefarmfamilies.org.au for more information

Participants at the 2007 Tennant Creek Sustainable Farm Families workshop held in November.



2. The Black Opal Advocate



Sustainable Farm Families workshops, building a stronger rural economy

THE health of farming families and how it impacts on the productivity of their business was brought home to residents in Walgett and Burren Junction through Sustainable Farm Family workshops in February.

Twenty people attended the two-day meeting in Walgett and another nine in Burren Junction which began with a health check and discussion about what the results meant for farm health and safety.

Men and women's groups then discussed gender related health issues before a trip to the supermarket to read the labels on food products and relate it to their health.

Despite the belief that fresh air and country living should lead to better health, participants learnt that rural people die, on average, seven years earlier than city folk and the reasons why could not simply be explained as the shortage of doctors.

Farmers live where their work, and it is easy to get into a routine where the work never ends. They suffer fatigue, injury and chronic complaints. More children under four years of age drown on farms than anywhere else in Australia. And the work they do has its own hazards for instance dust inhaled from sheep and cattle yards can contain particles which are dangerous to health.

The workshop was an eye-opener according to participants.

One participant remarked that "it in-

creases your awareness of really 'basic' what you should know about health issues, and makes you more conscious of your health."

Nanette Watson of 'Fairfield', Wee Waa agreed.

"The graphic video footage and virtual shopping tour were particularly helpful in making my husband sit up and take notice about the dietary recommendations as well as the need to be ever vigilant about farm safety," she said.

"Being part of a two year programme is an added incentive as we have now committed to several goals to improve our health and we know we will be "followed up" so hopefully that will keep us on track !"

The project will continue over the next 12 months as participants identify and work on specific areas to improve their health, well-being and safety and will meet again at the end of that period.

Sustainable Farm Families is funded by the Department of Health and Aging, and was brought to the Walgett Shire by the Western District Health Service, Hamilton, Victoria, the initiator of the project. It is supported by Walgett Shire Council, the Greater Western Area Health Service, the Hunter New England Health Service, the Burren Junction RSL Club, Burren Junction CWA, John Anderson, MP and Kate Schwager.

www.spec.com.au

Sustainable Farm Families build partnerships across Australia

CROSS sector and interstate collaboration is alive and well in Hamilton this week with a training program for Sustainable Farm Families being run at the RIST DPI centre, according to director of community services at Western District Health Service, Susan Brumby.

The training program an initiative of Western District Health Service and delivered in partnership with the Department of Primary Industries (DPI), Department of Human Services and the Department of Health and Ageing is being delivered to over twenty health and agricultural professionals from across Australia

Rural professionals from both health and agricultural agencies have come to learn and increase their own knowledge in delivering the Sustainable Farm Families program back to their own regional and rural communities. These communities include Geraldton WA, Katherine NT as well as Victorian locales such as Boort, Edenhope, Numurkah, Yarram, and Beechworth. The Sustainable Farm Families program also provides these professionals with the opportunity to have leadership involvement



A SUSTAINABLE group . . . Stu Wilder (Vic), Jacki Ward (Geraldton,WA), Rebecca Tyler (Vic), Susan Brumby, Peter Gazey (Katherine, NT), John Martin (LaTrobe University, Bendigo) and Emily Moule (DPI Tatura) at the training in Hamilton this week.

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in a major health and agricultural research initiative.

Senior project officer for the Combined Universities Centre for Rural Health (CURCH), Jackie Ward, said she was invited to see the program being delivered at Cascade WA and afterwards felt that that it would benefit the farm families in the Western Australia mid-region.

"Attending the training

program has enabled me to see the framework behind the program and I am even more enthused about taking this innovative and successful program back to WA," she said.

More than 1000 farmers nationally have participated in the SFF program and it is vital to them to be able to access up to date and accurate health, well-being and safety information that recognises the complexity

of a farm business.

The SFF training program enables local health and agricultural professionals to return to their own local communities and industry groups and deliver the SFF program.

Henry Schneider a participant from the DPI found that "the program was beneficial because it made the connection between farm family health and the farm business, and

was looking forward to taking the program back to Northwest Victoria communities".

Emily Moule SFF project manager, DPI, Emily Moule, said that since being involved with the program she had found that it worked well to have health agencies working in partnership with agricultural industries to deliver a program that was relevant to farmers' needs.